

Name
in
Full

Catharine Betz

CERTIFICATE OF DEATH

Died at

Canton

Town

Balto.

County

MARYLAND

Date

of death 1905 Jan.

Month

5th Day

Age

Years

Months

7

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Balto Co.

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Betz

Father's
Birthplace

Balto Md

Mother's
Maiden Name

Annie Betz

Mother's
Birthplace

" "

Name of person giving
In formation

John Betz

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C. W. Athey

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Germanus France

Jan. 5th 1905

Holy Redeemer Cemetery

Name
in
Full

Elizabeth M. Biddison

CERTIFICATE OF DEATH

MARYLAND

Died at *Raspburgh*County *Balto*Date of death *1905 Jan*Day *10*Age *37*Months *—*Days *—*Sex *Female*Color or Race *ro*Birthplace *Balto Co Ind*Occupation *House wife*

Where Residing If not at place of death

Married, ~~Single~~
~~Widowed~~Name of Wife or Husband *Wm J Biddison*Father's Name *Wm H Reed*Father's Birthplace *Balto Co Ind*Mother's Maiden Name *Julia A Mason*Mother's Birthplace *Balto Co Ind*Name of person giving information *Husband*How related to deceased *Husband*

CAUSES OF DEATH

Primary

Interstitial Nephritis

How long

3 years

Immediate

Uremic Coma

How long

15 hours

Are the name, age, sex, color, date and place correctly given above?

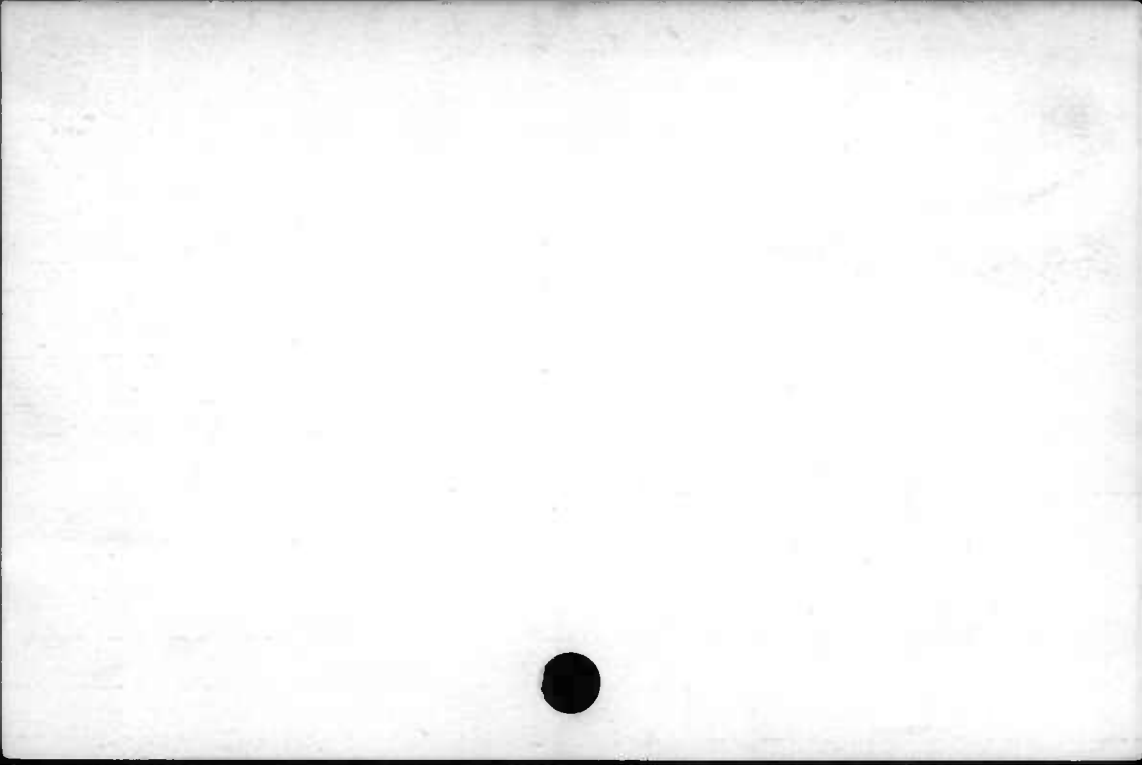
Signature of Physician

Address

*Joseph B. Webster M.D.
Raspburgh Ind*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma Blackiston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berry Hall</i>		<i>Balto.</i> County		MARYLAND	
Date of death	190 <i>Jan</i>	Day <i>11</i>	Years <i>33</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Herbert Blackiston</i>				
Father's Name <i>John W. Cubber</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Martha Ford</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Herbert Blackiston</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>Lad'snippe</i>	How long <i>21</i> <input checked="" type="checkbox"/>
Immediate <i>Pulmonary tuberculosis</i>	How long <i>8 months</i>

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician

Address

Dr. S. Green,
Esittingo,
Ind.

Accident ☒ Suicide ☐PHYSICIAN
OR CORONER

①

Fork. M. & Cemetery

Name
in
Full

Andrew Blimline

CERTIFICATE OF DEATH

Died at ^{Town} Highland^{County} Baltimore

MARYLAND

Date
of death 1905

Month 1

Day 28

Age 53

Months 11

Days 12

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Storeman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Fredericka Blimline

Father's
Name

Andrew Blimline

Father's
Birthplace

Germany

Mother's
Maiden Name

Not Known

Mother's
Birthplace

—

Name of person giving
In formation

Fredericka Blimline

How related
to deceased

Wife

CAUSES OF DEATH

Primary

La. Grippe, Pneumonia

How long

3 weeks

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Dr. L. H. Hays MD
3rd South

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

1st Evangelical Sem
H. Sander Sams

Name
in
Full

Agnes E. Blizard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Jan	19	25		10	22
Sex	Female		Color or Race	White		Birth-place	Balto Co
Occupation	House Wfe		Where Residing if not at place of death		Linnors		
Married, Single or Widowed	Married		Name of Wife or Husband		Ethel E. Blizard		
Father's Name	J. B. Calton		Father's Birthplace		Balto Co		
Mother's Maiden Name	L. Merryman		Mother's Birthplace		1		
Name of person giving information	Wm Calton		How related to deceased		Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	5 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. T. Bury	
		Address	
		Tega Md.	
Accident or Suicide?			

W J Schulting 58 Poppleton St
Woodcressburg - Mel -
Jan 20-08

Name
in
Full

Evelyn M. Bortner

CERTIFICATE OF DEATH

Died at ^{Town} Carlton ^{County} Balt **MARYLAND**

Date of death 1905 ^{Month} 1 ^{Day} 22 Age — ^{Years} — ^{Months} 2 ^{Days} 4

Sex Female Color or Race W Birth-place Carlton

Occupation none Where Residing if not at place of death —

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single

~~Married~~ or~~Husband~~Father's
NameLevi BortnerFather's
BirthplacePaMother's
Maiden NameLizzie P. BraudtMother's
BirthplaceMdName of person giving
In formationLevi BortnerHow related
to deceasedFather

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

asthma

How long

one dayAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianW D Jones

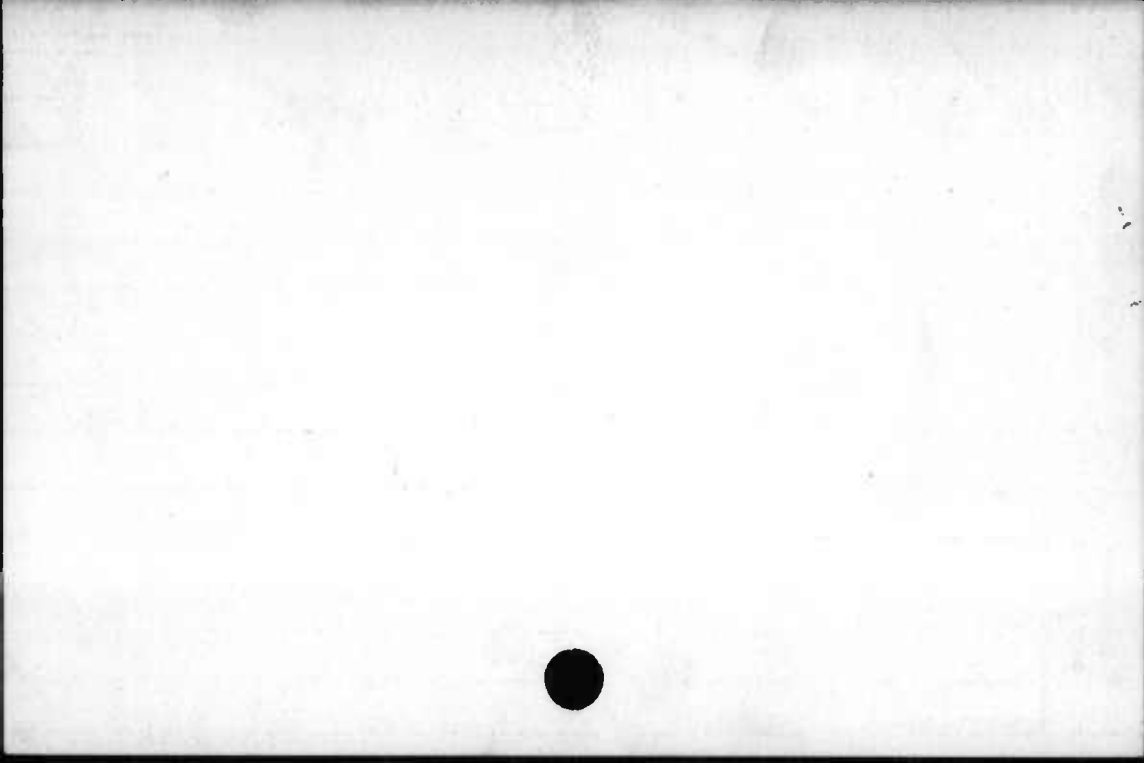
Address

3116 O'Donnell St

Accident or Suicide?

Mount Carmel
H. Sander & Sons

Name in Full		Charles Boyle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Hope Retreat		County Baltimore Co		MARYLAND
	Date of death	1905	Month Jan	20th	Age	65	Years Months Days
	Sex	Male		Color or Race	White		Birth-place Inland
	Occupation	Laborer			Where Residing If not at place of death Chester Pa.		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name					Father's Birthplace	Inland
	Mother's Maiden Name					Mother's Birthplace	" "
	Name of person giving information	Recd's Mt Hope 168				How related to deceased	Not at all
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Agonia Chronic - Cardiac				How long	abt 27 or 28 yrs
	Immediate	Intestinal Torment & Asthenia				How long	abt one year
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Frank J. Flannery M.D.	
	Accident or Suicide?				Address	Mt Hope Retreat Baltimore Md.	



Name in Full

Certificate of Death

Marion Bradford

Town

County

MARYLAND

Died at

Highland

Baltimore

Date

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 31

Age

46

Md

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Sin~~~~Widower~~

Number of children living

Husband

of

Wm. G. Bradford

Wife

Father's

Mother's

Name

Joseph A. LeBrun

Name

Elizabeth Fray

Cause of

Primary

Phtthisis Pulmonalis

How long sick

4 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. S. Warner

Address

1120 Highland
av.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968



Name
in
Full

Aug. W. Brandt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Canton

County Balto.

Date of death 1905 Jan.

Day 1

Age

Years

Months 2

Days 15

Sex Male

Color or Race white

Birthplace

Baltimore

Occupation

Where Residing if not at place of death

244 E. Chiscom St.

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Chas. Brandt.

Father's Birthplace

Baltimore

Mother's Maiden Name

Elizabeth Portner

Mother's Birthplace

"

Name of person giving information

Chas. Brandt.

How related to deceased

Father

CAUSES OF DEATH

Primary

Natural Causes

How long

—

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Coroner John G. Muelly
246 W. Donnell St.

Accident or Suicide?

H Sanders
Mr Samuel Buckley

Aug 21.

Name
in
Full

CERTIFICATE OF DEATH

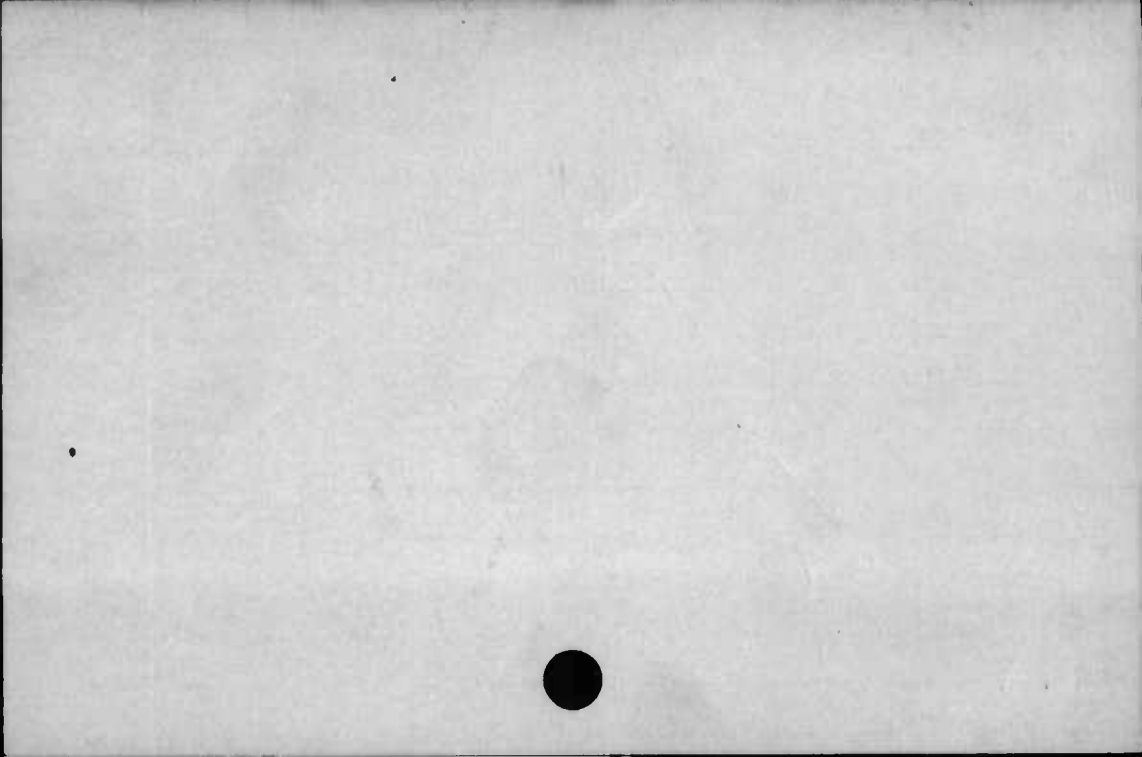
TO BE ANSWERED BY
NEAREST FRIEND

Still Born of John and Bertha Brown		Town		County		MARYLAND	
Died at Grays		Baltimore					
Date of death 1906		Month Jan	Day 22	Age 0	Years 0	Months 0	Days 0
Sex Male		Color or Race White		Birth-place Maryland			
Occupation		Where Residing if not at place of death Grays Balto Co					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name John Henry Brown		Father's Birthplace Maryland					
Mother's Maiden Name Bertha Brown		Mother's Birthplace Maryland					
Name of person giving information John Henry Brown		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Stillborn	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician M. M. B. Hughes
	Address Elmhurst City, Md.
Accident or Suicide?	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Gorantown</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>	
		Date of death <u>1905</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>10</u>		Age <u>61</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>—</u>		Birthplace <u>New York</u>	
		Where Residing if not at place of death <u>at Residence</u>			
Married, Single <u>Widowed</u>		Name of Wife or Husband <u>Virginia E. Bullinger</u>			
Father's Name <u>Henry Bullinger</u>		Father's Birthplace <u>London</u>			
Mother's Maiden Name <u>Mary Taylor</u>		Mother's Birthplace <u>New Jersey</u>			
Name of person giving information <u>Miss Maud Smallwood</u>		How related to deceased <u>Niece</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER ①		Primary <u>Paralysis</u>		How long <u>20 years</u>	
		Immediate <u>Exhaustion</u>		How long <u>about 1 month</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. M. Deane</u>	
				Address <u>Gorantown Md</u>	
Accident or Suicide? <u>—</u>					

give permit for
Burgan private Cemetery
Jan 12/95. -
William Cook
502 E. Ninth Ave

Sub Registrar

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. T. B. G. Cameron</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1905 Jan 14</i>		Age <i>11</i> Years <i>3</i> Months <i>3</i> Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thomas G. Cameron</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Margaret Eyeler</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Margaret Eyeler</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

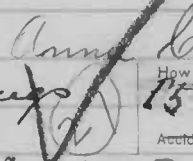
Primary <i>Teething</i>	How long
Immediate <i>Internal Spasms</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Fred L Pfeiffer</i>
	Address <i>1218 First St</i>
Accident or Suicide?	

Physician
OR CORONER

①

N. Sanders & Son
M. Learned County

Mr. Annie C. Carter
 Died at ^{Town} Roland Park ^{County} Balt Co. MARYLAND
 Date 1905 ^{Month} Dec ^{Day} 29 Age 57 ^{Y.} ^{M.} ^{D.} ^{Native of} Ireland ^{Occupation}
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Mr. J. Wesley Carter
 Father's Name William Allen Mother's Maiden Name Anna Carey
 Cause of Death { Primary Tuberculosis of Lungs How long sick 15 yrs
 Immediate Exhaustion } 
 Accident, Suicide, Homicide

Reported by

Address

Henry F. Cassidy, M.D.
 Roland Park, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W. J. Schilling

S. S. Popplebrook

St Mary Evansboro

~~Jan 31~~

Feb 1 - 05

Name

in
Full

Sarah S. Chandler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Minors</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>July</i>	Day <i>20</i>	Years <i>54</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Jacob Chandler</i>					
Father's Name <i>George Chandler</i>				Father's Birthplace	
Mother's Maiden Name <i>Sarah S. Hawkins</i>				Mother's Birthplace	
Name of person giving information <i>Jacob Chandler</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>1 hr</i>
Immediate <i>Sudden</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Hall</i>
	Address <i>Wt Minors</i>
Accident or Suicide?	

Mike Fink

Name
in
Full

Unmarried

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hawwoodville</i>		Town <i>Barto</i>		County	
Date of death 190 <i>5</i>	Month <i>1</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Hawwoodville</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Parker Leok</i>			Father's Birthplace <i>Bark Md</i>		
Mother's Maiden Name <i>Statham Parker</i>			Mother's Birthplace <i>Cornwall Co Md</i>		
Name of person giving information <i>Parker Leok</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. O. E. Myer</i>
	Address <i>Barto Md</i>
Accident or Suicide?	

605-

Quercus rubra
Querc. stellata

Name
in
Full

Margaret A. Corbitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irvington</i> ^{Town}		<i>1</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	<i>January</i> ^{Month}	<i>21</i> ^{Day}	Age <i>57</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Patrick Corbitt</i>				
Father's Name <i>James Ryan</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Burke</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mrs. Margaret Corbitt</i>	How related to Deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>about two years</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John S. Hollyday M.D.</i>
	Address <i>714 Frederick Ave 1 Baltimore Md</i>
Accident or Suicide? <i>—</i>	



Name

in Full

Bruce W. Creswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND	
Date of death 190 <i>5</i>	Month <i>1</i>	Day <i>24</i>	Age <i>63</i>	Years	Months <i>11</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Susan Creswell</i>							
Father's Name <i>John W. Creswell</i>				Father's Birthplace <i>Carroll Co</i>			
Mother's Maiden Name <i>Ruth Shipley</i>				Mother's Birthplace <i>11</i>			
Name of person giving information <i>Pearl Creswell</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i> ✓	How long <i>ath. 1 week.</i>
Immediate <i>& Exhaustion</i>		How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry A. Naylor</i>
		Address <i>Pikesville Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Canton

Town

Baltimore

County

MARYLAND

Date

of death 190

Month

Jan.

Day

13

Age

Years

52

Months

8

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Married, Single
or Widowed

Widow

Occupation

Name of Wife or
HusbandFather's
Name

James Connelly

Father's
Birthplace

Ireland

Mother's
Maiden Name

Not known

Mother's
Birthplace

Not known

Name of person giving
in formation

Emma Rhody

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 yr

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Charles Green

Address

619 Spatterton Park

Art

Accident or Suicide?

Mr. Hill

For ~~For~~ Catholicism Com
Jan 16 1901
Landon Son

Name
in
Full

Annie Maria Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Towson		County Baltimore		MARYLAND	
Date of death	1905	Month	January	Day	1st
Age	42	Years		Months	9
				Days	25
Sex	Female	Color or Race	Colored	Birth-place	Harrisonville Md
Occupation	Housewife		Where Residing if not at place of death Towson		
Married, Single or Widowed	married	Name of Wife or Husband	Lewis Davis		
Father's Name	John Cook			Father's Birthplace	Mt. Co.
Mother's Maiden Name	Charity Cook			Mother's Birthplace	" "
Name of person giving information	Lewis Davis			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Phthisis	How long	3 Months
Immediate	Cardiac Asthenia	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		J. Gayeton Green ^{White}	
		Towson Md.	
Accident or Suicide?			

Robert A. Elliott, Undertaker

506 Rogers Avenue

Baltimore, Md.

Place of Burial:-

Beneficial Cemetery.

Fowson, Md.

Name
in
Full

Louisa Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Chase Town

County

Date of death 1905 Jan

Day 29

Age 87

Months -

Days -

Sex Female

Color or Race

coloured

Birth-place

Ma

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Octavia Branch

How related to deceased

Niece

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

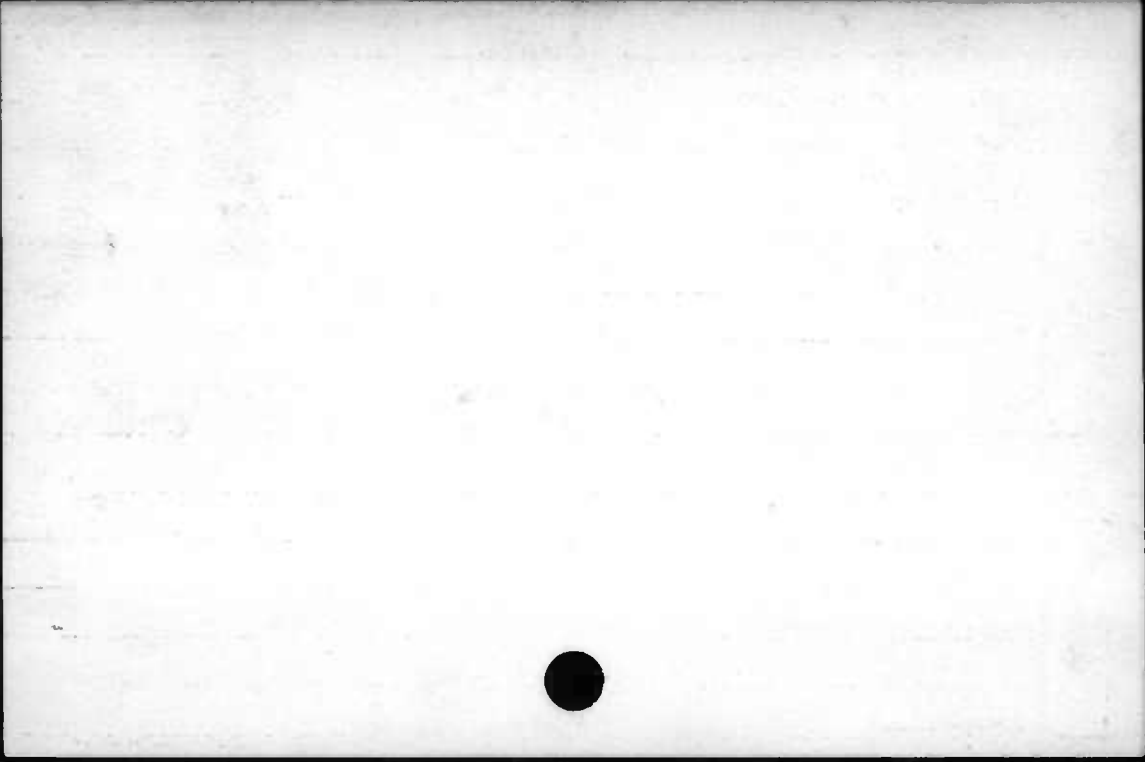
How long

How long

3 days

C. V. Mac
Rosedale
Md

Accident or Suicide?



Name
in
Full

Mr. Lutha L. Day

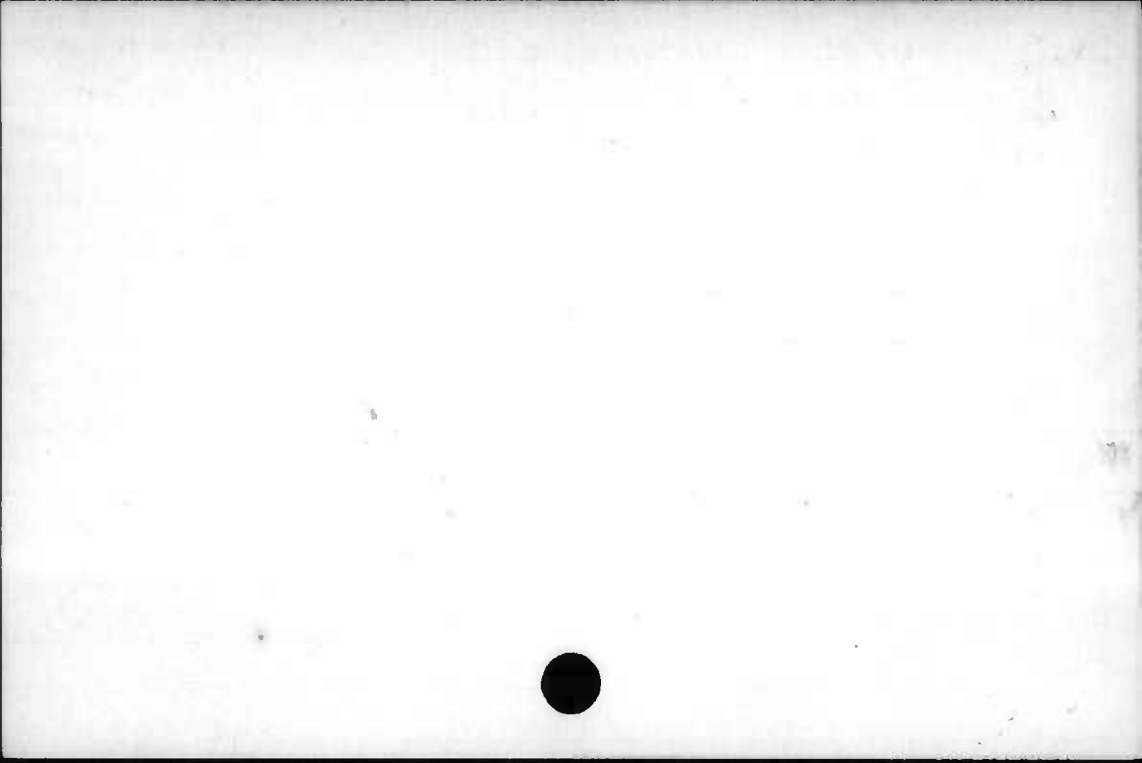
161
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baldwin</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>190</u>	<u>Jan</u> ^{Month}	<u>30</u> ^{Day}	Age <u>76</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Penna.</u>		
Occupation <u>Blacksmith</u>	Where Residing if not at place of death <u>✓</u>				
Married, <u>Single</u> or Widowed	Name of Wife or Husband <u>Mrs. Sallie E. Day</u>				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gas green</u>	How long <u>Several hours</u>
Immediate <u>"</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Aug. J. Green</u>
	Address <u>Gittings Md</u>
Accident or Suicide? <u> </u>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Richard S. Dorsey

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1905

Jan

30

Age

58

Sex

Male

Color or
Race

White

Birth-
place

Howard Co Md

Married, Single
or Widowed

Married

Occupation

Mechanic

Name of Wife or
Husband

Sarah S Dorsey

Father's
Name

Samuel Dorsey

Father's
Birthplace

Howard Co Md

Mother's
Maiden Name

Elizabeth Rollins

Mother's
Birthplace

Prickles Co Md

Name of person giving
In formation

Ida May Doney Daughter

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

acute consumption

How long

Immediate

exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

L. B. Hall

Address

Wm. W. W. W.

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Amos

✓ Remy

London Pa.

Name
in
Full

John Earlmer Duwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Georgetown ^{County} Balto			
Date of death 1905	Month ^{June}	Day ^{8th}	Age ^{Years} 61 (1) Months ² Days ²⁸
Sex ^{Male}	Color or Race ^{White}	Birth-place ^{Baltesco}	
Occupation ^{none}	Where Residing if not at place of death ^{place of death}		
Married, Single or Widowed ^{Single}	Name of Wife or Husband [—]		
Father's Name ^{Chas. S. Duwall}	Father's Birthplace ^{Diana Empire}		
Mother's Maiden Name ^{Johanna M. E. H. Schell}	Mother's Birthplace ^{Baltimore}		
Name of person giving information ^{Chas. J. Duwall}	How related to deceased ^{Father}		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ^{Empyema}	How long ^{one month}
Immediate ^{asthma}	How long ^{one day}
Are the name, age, sex, color, date and place correctly given above? ^{ye}	Signature of Physician ^{Ed. J. Conner}
	Address ^{1501 E. Eager St}
Accident or Suicide?	^{##} ^{Baltimore}

Henry Lutz

Inspector

1007 N. Bond St

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burgin</i> ^{Town}		<i>Baltimore Co.</i> ^{County}		MARYLAND	
Date of death <i>1905 Jan</i>		Month <i>Jan</i>	Day <i>8</i>	Years <i>77</i>	Age <i>77</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>✓</i>			
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Name of Wife or Husband <i>Hanna Eckle</i>			
Father's Name <i>Joseph Eckle</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Hanna Heagner</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mary Lauer</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma</i> (97)	How long <i>2 years</i>
Immediate <i>Dyspnoea</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J. B. Webster</i>
	Address <i>Raspbury Md</i>
Accident or Suicide?	

Hock & Son

Most Happy Return

Name in Full		Rosina Flierl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
		Date of death <u>1905</u>	Month <u>Jan.</u>	Day <u>18</u>	Age <u>14</u> Years	Months <u>2</u>	Days <u>18</u>
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>			
		Occupation <u>None</u>	Where Residing if not at place of death <u>_____</u>				
		Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>_____</u>				
		Father's Name <u>Joseph Flierl</u>	Father's Birthplace <u>Germany</u>				
		Mother's Maiden Name <u>Amalia Schaber</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Joseph Flierl</u>		How related to deceased <u>Father</u>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>Laryngeal Tuberculosis</u>	How long <u>about 4 mos</u>				
		Immediate <u>Emphysema</u>	How long <u>26</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W B Burd MD</u>				
		Address <u>828 N Carrollton Ave</u>					
		Accident or Suicide?					

Sacred Heart - Cemetery

Jan. 23rd 1905

Germanus France

Underlain

Name in Full

Certificate of Death

THORMAN (M.P.)

Town

County

Died at

Canton

Calib.

MARYLAND

Date 1905 Jan 11

Month	Day	Y.	M.	D.	Native of	Occupation
Male	Whites	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's Name
Livia Thorman

Mother's Maiden Name
Lousia Adams

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Premature birth			

Reported by

Address

Margaret Honing
504 Third St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hendall Giffell for
Oscar Hart Candy

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
Information

Town

Month

Day

Age

Years

Months

Days

Color or
Race

Occupation

MARYLAND

Birth-
place

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

How long

How long

Accident or Suicide?

F. Coach

Wm. R. Turner Amey

Name in Full

Certificate of Death

Susan Etta Fowble

Town

County

Died at

Residence

Balto

MARYLAND

Date ~~189~~ 1905 Jan. 19 Age 59-9-25 Md.
 Male White ☒ Married ☒ Widow Divorced
 Female ☒ Colored Single Widower Number of children living 5-

Husband of Wm Fowble
 Wife

Father's Name Jones Mother's Name Margaret Jones

Cause of Death Primary Immediate La Grippe (50) Didacticus Melitus
 How long sick 3 y. 4 m.
 Accident, Suicide, Homicide

Reported by R. G. Wells M.D.

Address Hamstead Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70700



Name
in
Full

Annie Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glencoe		County Baltimore		MARYLAND	
Date of death	1905	Month 1	Day 7	Age 89	Years	Months	Days
Sex	Female		Color of Race	White		Birth- place	Germany
Occupation	House wife			Where Residing if not at place of death		Glencoe	
Married, Single or Widowed	Single		Name of Wife or Husband	John G. Hart			
Father's Name	Benner				Father's Birthplace	Germany	
Mother's Maiden Name	Not Known				Mother's Birthplace		
Name of person giving Information	Jb H. Hart				(10)	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia (La Grippe)		How long	Four days
Immediate	Heart Paralysis		How long	Instantaneous
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Thompson, M.D.
			Address	Proctor - Ind.
Accident or Suicide?				

Interment at Tuglo's
Chapple. Jan 9th:

Wm C Brooks
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

George W. Fox

Town

County

MARYLAND

Died at

Cunys Mills

Baltimore

Date

of death

1905

Month

June

Day

1

Age

Years

79

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Balem New jersey

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

widower

Name of wife or
Husband

Susan Fox

Father's
Name

William Fox

Father's
Birthplace

New jersey

Mother's
Maiden Name

Anna Bower

Mother's
Birthplace

" "

Name of person giving
information

Susan A Fox

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

General Breakdown

How long

2 yrs

Immediate

Hypostatic Apoplexy

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

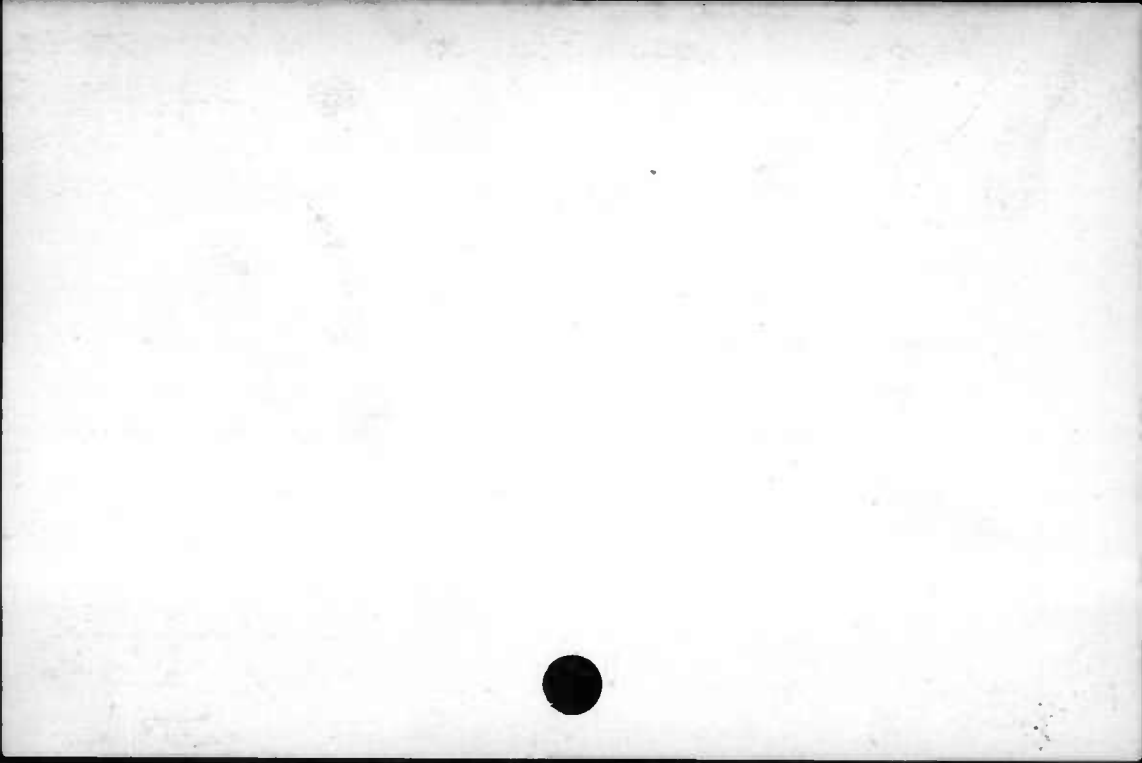
H. M. Sanders

Address

Reisters town

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



in Full

CERTIFICATE OF DEATH

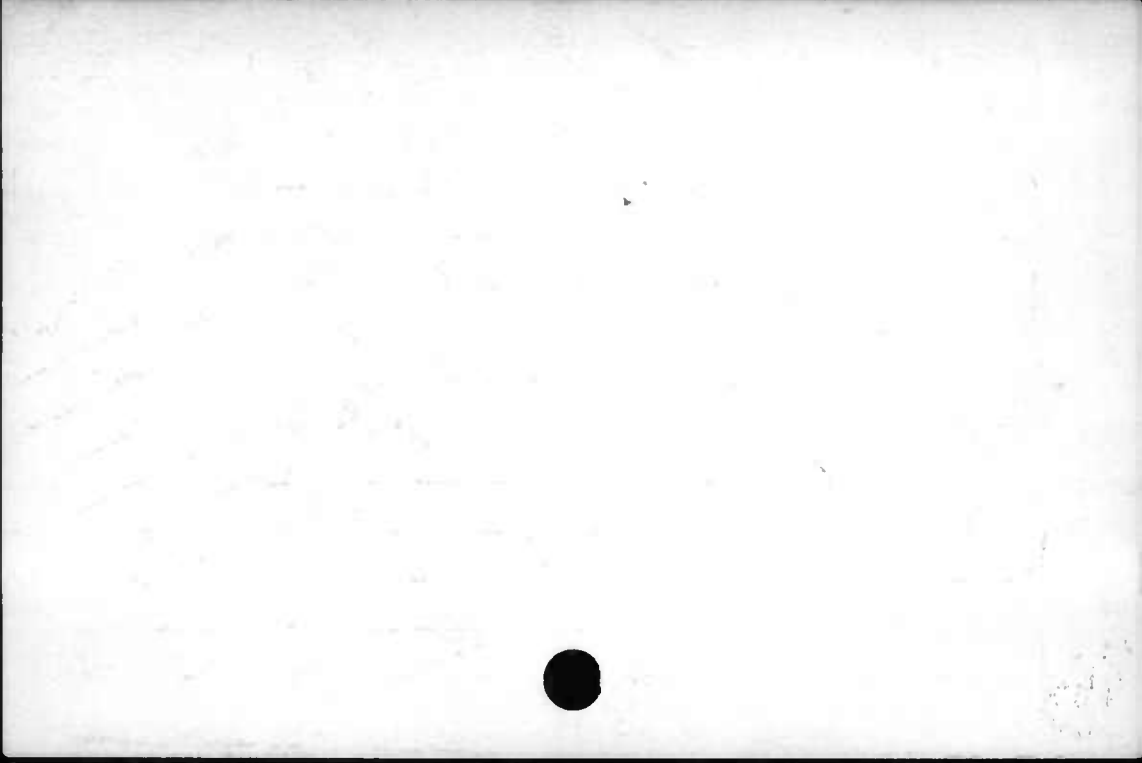
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		TOWN <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Jan.</i>	Day <i>16</i>	Years <i>66</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Massachusetts</i>		
Occupation <i>None</i>			Where Residing If not at place of death		
Married Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer</i>	How long
Immediate	<i>Chaustrum</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. A. Marzetta</i>
		Address <i>St. Agnes Hospital</i>
Accident or Suicide?		



Name
in
Full

Harry R. French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bosley's</i> ^{Town}		<i>Ballo.</i> ^{County}		MARYLAND	
Date of death	<i>1904</i>	Month <i>Jan.</i>	Day <i>11</i>	Age <i>26</i>	Months <i>8</i> Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ballo. city</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Bosley's</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Bess' French</i>	Father's Birthplace <i>Mo.</i>				
Mother's Maiden Name <i>Elizabeth Waddell</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>James French</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>General Failure of vital powers</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>No</i>	Signature of Physician <i>W E Beaman</i>
	Address <i>Leckyville</i>
Accident or Suicide?	<i>no</i>

John Burns Sons
Prospect-Hill
Ill
Jouison

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Vincent Gill</i>				County <i>Balto</i>		MAYLAND	
Died at <i>Wardlaw St</i>		Town <i>Wardlaw</i>		City <i>Balto</i>			
Date of death <i>1905</i>		Month <i>Jan</i>		Day <i>27</i>		Years <i>Thursday</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>11</i>		Days <i>4</i>	
Occupation <i>Not any</i>		Where Residing if not at place of death <i>1112 Harlequin Ave City</i>		Birth-place <i>Ireland</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Peter Gill</i>		Father's Birthplace <i>Ireland</i>			
Father's Name <i>Andrew Clabby</i>		Mother's Maiden Name <i>Hanora Smith</i>		Mother's Birthplace <i>Ireland</i>			
Name of parson giving information <i>Her daughter Mrs. P. Ridgers</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Constitution of Lung</i>	How long <i>3 days</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Wardlaw St Md</i>
Accident or Suicide? <i>—</i>	



Name
In Full

Hugo A. Goertz.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt Hope Baltimore County - MARYLAND

Date of death 1905 Month Jan Day 31st Age 26 Years Months Days

Sex Male Color or Race White Birth-place Balt Co Md

Occupation None Where Residing if not at place of death Pikesville

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name " Mother's Birthplace "

Name of person giving information Reeds of Mt Hope How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Epilepsy & mania How long 12 or 13 yrs.

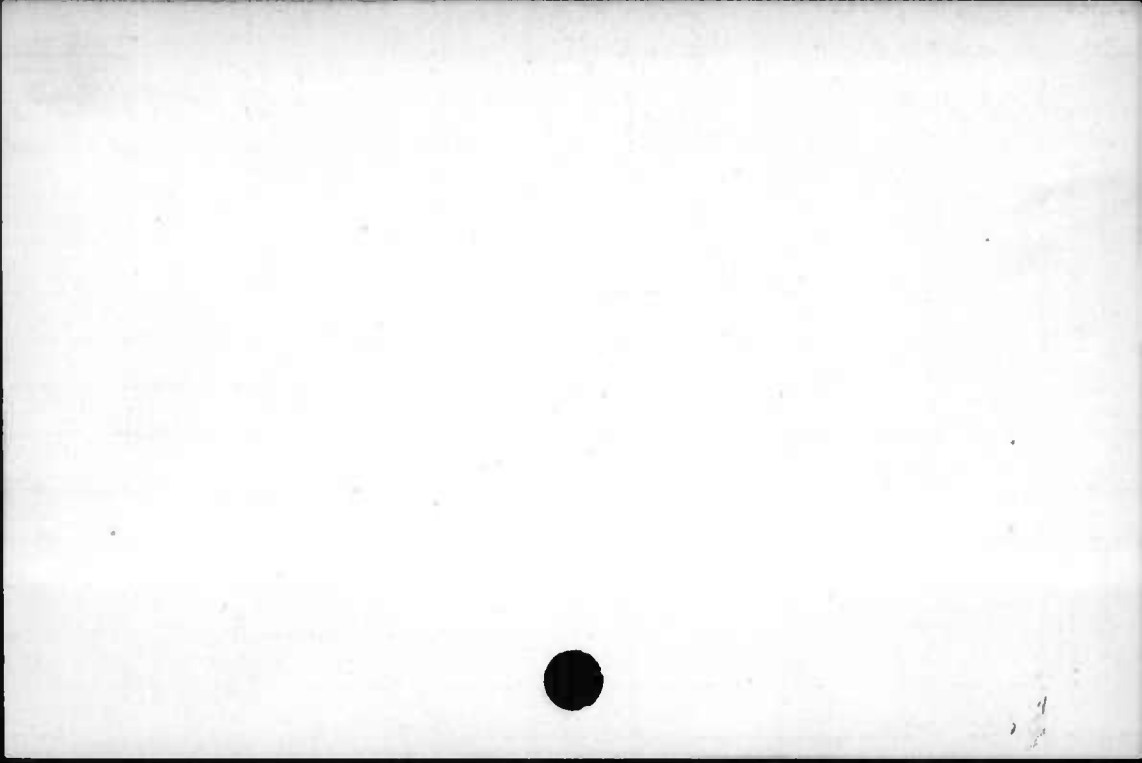
Immediate Ex Intestinal Toxemia & Hepatitic Congestive How long 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address Mt Hope Retreat
Baltimore Co Md.

Accident or Suicide?



Name
in
Full

Theresa Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Canton		Baltimore		Maryland	
Date of death		1905	Month Jan	Day 16	Age 31	Months	Days
Sex		Female		Color or Race white		Birth-place Md.	
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Married		Name of Wife or Husband Charles W. Green			
Father's Name		George W. Evans				Father's Birthplace Md.	
Mother's Maiden Name		Mary Dunigan				Mother's Birthplace Md.	
Name of person giving information		Thomas J. Evans				How related to deceased Brother	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Accident or Suicide?

Sacred Heart Cemetery

Jan. 19th 1905

Germanus. France,

Undertaker,

Name
in
Full

CERTIFICATE OF DEATH

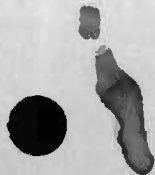
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shannon's Point</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	Jan	Day	2nd	Age	64
Sex	Male	Color or Race	White	Birth-place	Baltimore, Co.	Months	10
Occupation	Cotton Manufacturer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband <i>Elizabeth Soule</i>				
Father's Name	<i>Horatio N. Gambill</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Eliza Bamber</i>					Mother's Birthplace	<i>England</i>
Name of person giving information	<i>Wm B. Gambill</i>					How related to deceased	<i>Nephew</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Malfunction</i>	How long	<i>8 years</i>
Immediate	<i>Cerebral Lingor</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. C. Eldred. M. D.</i>
		Address	<i>Shannon's Point</i>
Accident or Suicide? <i>no</i>			



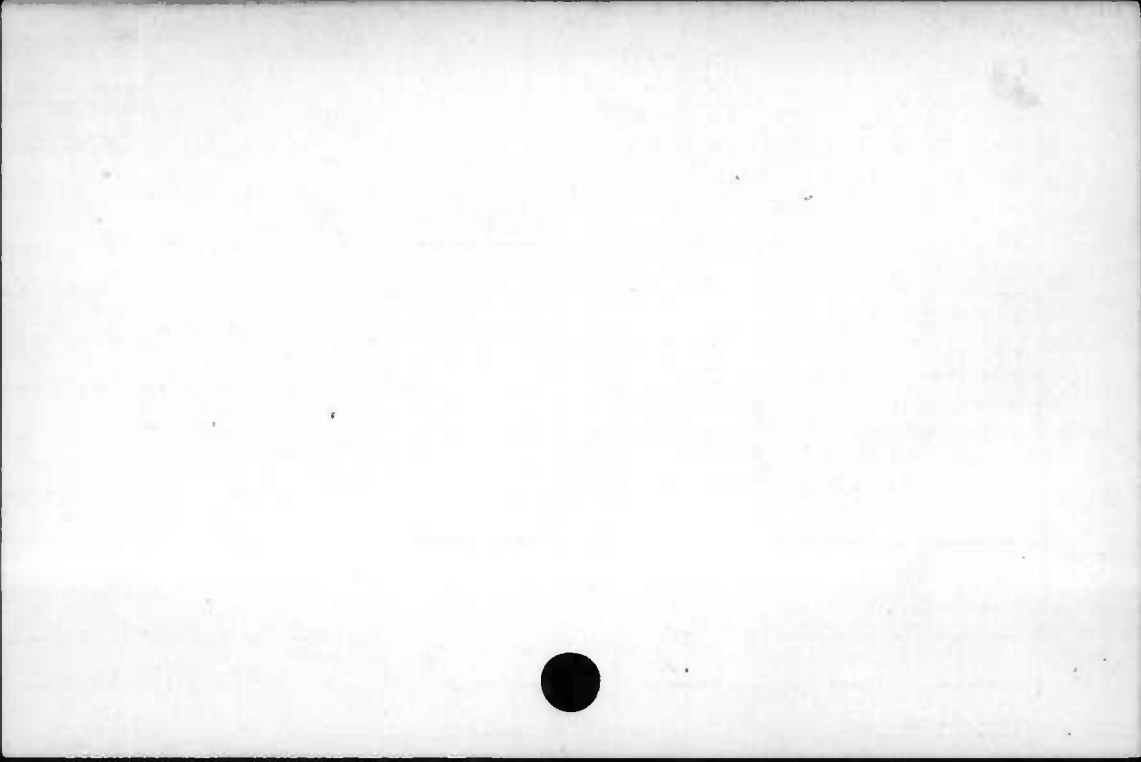
Name
in Full160
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Peapack</u> Town		County <u>Balto</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Jan</u>	Day <u>17</u>	Age <u>58</u> Years	Months <u>✓</u>	Days <u>✓</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>not-known</u>		
Occupation <u>carpenter & Farmer</u>			Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Hall</u>				
Father's Name <u>✓</u> <u>not-known</u>	Father's Birthplace <u>not-known</u>		Mother's Birthplace <u>not-known</u>		
Mother's Maiden Name <u>not-known</u>	Name of person giving information <u>Sarah Hall</u>		How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis & abscess of the lung</u>	How long <u>3 weeks</u>
Immediate <u>Paralysis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. H. Gorchuck M.D.</u>
	Address <u>Fork, Md.</u>
Accident or Suicide? <u>✓</u>	



Name
in
Full

Wm E. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arbutus</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND	
Date of death	1905	Month	January	Day	30	Age	Years <i>—</i> Months <i>3</i> Days <i>30</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Arbutus, Md</i>
Occupation <i>—</i>				Where Residing If not at place of death <i>—</i>			
Married , Single				Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Hall</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rose A. Ireland</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Chas. Hall</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	<i>Laryngitis, Broncho Pneumonia</i>	How long	<i>2 days</i>
Immediate	<i>Edema of Glottis</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>M. R. Eareckson</i>
<i>Yes</i>		Address	<i>Elk Ridge, Md</i>
Accident or Suicide? <i>—</i>			

—



Name in Full		Patrick Hannon				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mt Hope Retreat	County Baltimore	MARYLAND			
		Date of death	1904	Month pt	Day 8th	Years Age 63	Months -	Days -	
		Sex	Male		Color or Race	White		Birth-place	Ireland
		Occupation	Retired Steel Worker		Where Residing if not at place of death	Brooklyn N.Y.			
		Married, Single or Widowed	Widower		Name of Wife or Husband				
		Father's Name				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
PHYSICIAN OR CORONER		Name of person giving information		Records of Mt Hope Retreat		How related to deceased	Not at all		
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary	Acute Mania-Post Epilepsy			How long	For years.		
		Immediate	Ex-Hypostatic Congest. Lungs			How long	4 days		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Frank J. Flannery		
				Address		Mt Hope Retreat. Baltimore Co Md.			
		Accident or Suicide?							

7



Name in Full		Charles R. Hartmann				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Canton		County Baltimore		MARYLAND	
	Date of death	1905	Month 1	Day 24	Years 39	Months 9	Days 4
	Sex	Male		Color or Race	White		
	Occupation	Milk Dairy			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Band Margaret Hartmann			
	Father's Name	Charles A. Hartmann			Father's Birthplace	Germany	
	Mother's Maiden Name	Wilhelmina Kriester			Mother's Birthplace	Germany	
Name of person giving information	Margaret Hartmann			How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Compound bone fracture Tibia & Fibula				How long	
	Immediate	Delirium Tremens				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					736 E. Preston St		
Accident or Suicide?		Accident					

A Sanders & son
At Park Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Louisa Helwig</i>		Town <i>Washington Road</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Washington Road</i>		Month <i>Jan</i>		Day <i>9</i>		Age <i>63</i>	
Date of death <i>1905</i>		Month <i>Jan</i>		Day <i>9</i>		Age <i>63</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months <i>2</i>	
Occupation <i>a</i>		Where Residing if not at place of death <i>Washington Road</i>		Days <i>C</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Georg H. Helwig</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Father's Name <i>John Bloom</i>		Mother's Maiden Name <i>C</i>		How related to deceased <i>Daughter</i>			
Name of person giving information <i>Clara Snyder</i>							

CAUSES OF DEATH

Primary	<i>Cardiac Dropsy</i>	How long	<i>1 Year</i>
Immediate	<i>Multiple Organs Examined</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank H. Rubel</i>	
		Address <i>Lansdowne Balt. Co Md</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Catharine Anna Hess.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Banton</i>		County <i>Balto</i>	
Date of death	1905	Month <i>Jan.</i>	Day <i>25th</i>	Age <i>79</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Ferdinand Hess.</i>			
Father's Name <i>—</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Joseph Hess</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral Insufficiency</i>	How long	<i>Several months</i>
Immediate	<i>Mitral Insufficiency</i>	How long	<i>A few days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Broken Compensation</i> Signature of Physician <i>W. L. Burke, M.D.</i>	
		Address <i>222 O Donnell St Canton, Md</i>	
Accident or Suicide?			

Holy Redeemer Cemetery

Jan. 29th 1905

Germanus Thorne

Under Gate

Name
in
Full

CERTIFICATE OF DEATH

Infant Daughter of Daniel & Lena Hiltz

Died at <u>Banton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u>	<u>1</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>8</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>hours</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balti Co</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>				
Name of Wife or Husband _____					
Father's Name <u>Daniel Hiltz</u>			Father's Birthplace <u>Balti Co</u>		
Mother's Maiden Name <u>Lena Buchholtz</u>			Mother's Birthplace <u>Balti Co</u>		
Name of person giving information <u>Daniel Hiltz</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary <u>Premature Birth</u>	How long _____
Immediate <u>Granitator</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James Williams</u>
	Address <u>1114 Chesapeake St.</u>
Accident or Suicide? _____	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H. Sanders by Sm

Sacred Heart Cem.

Name
in
Full

Louisa Hillmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Canton^{County} BaltoDate
of death 1905

Month 1

Day 2

Age

Years 39

Months 4

Days 6

Sex Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

314 N. Clinton St

Married, Single
or Widowed

Married

Name of Wife or
Husband

Fred. Hillmer

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Fred Hillmer

How related
to deceased

Hubband

CAUSES OF DEATH

Primary

Pneumonia

How long

16 days

Immediate

Meningitis

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. C. Sandrock

Address

1242 N. Broadway

Accident or Suicide?

PHYSICIAN
OR CORONER

Baltimore
J Herwig & Son

1/5/04

Name
in
Full

Franklin, T. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at *Garrison* TownCounty *Batto co*

Date

of death

1906

Month

Jan

Day

6

Age

Years

40

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*Batto, co, Md*

Occupation

*Laborer*Where Residing if not
at place of death*Garrison*Married, Single
or Widowed*Married*Name of Wife or
Husband*Mattie Johnson*Father's
Name*Olias Johnson*Father's
Birthplace*_____*Mother's
Maiden Name*Martha Flenchum*Mother's
Birthplace*_____*Name of person giving
In formation*Mattie Johnson*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Laryngeal Phthisis

How long

2 1/2 yrs.

How long

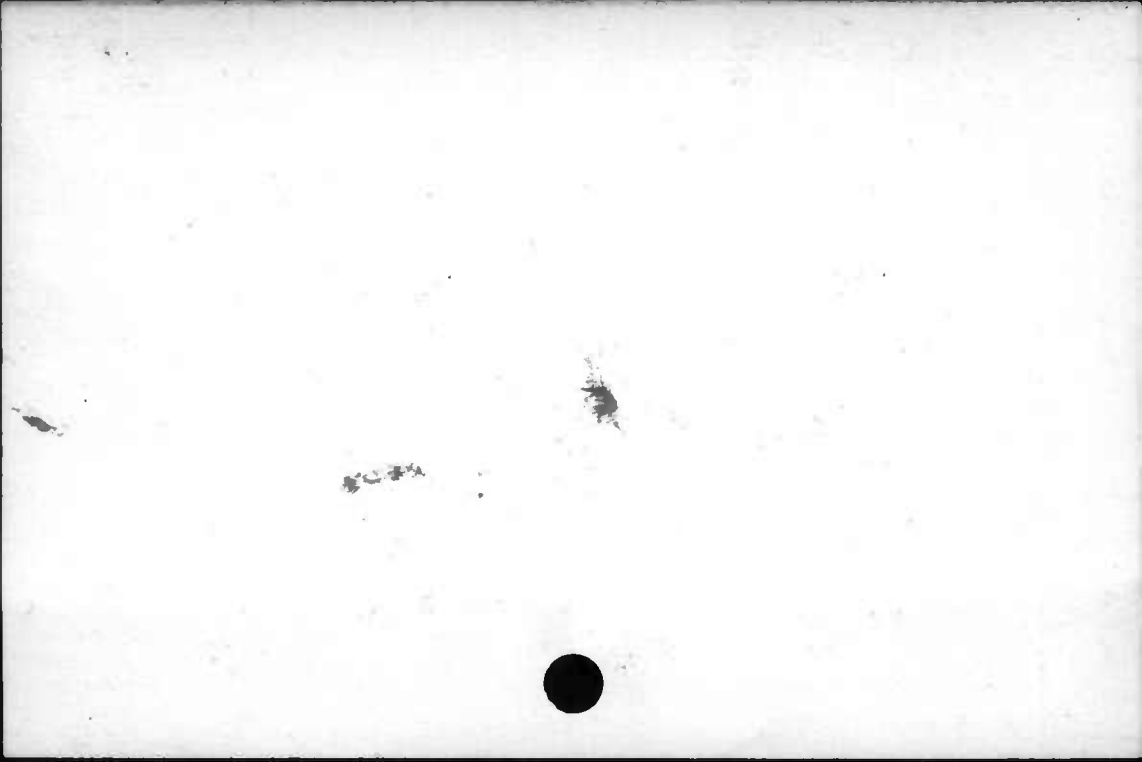
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*ATM S. J. J.*

Address

*Reisterstown*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full		Lloyd Arthur Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Gorantown	County Baltimore	MARYLAND		
		Date of death		1905	Month Jan	Day 24	Age 24	Months 2
		Sex		Male		Color or Race	Negro	
		Occupation		Laborer		Birth-place	Maryland	
						Where Residing if not at place of death		Gorantown Md
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Simon Johnson		Father's Birthplace		
		Mother's Maiden Name		Susan Webb		Mother's Birthplace		
		Name of person giving information		Blanch Johnson		How related to deceased		
				Brother				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER ①		Primary		Tuberculosis		How long		
		Immediate		"		Several months		
		Are the name, age, sex, color, date and place correctly given above?		Yes		How long		
						"		
		Signature of Physician		E. M. Duncan				
		Address		Gorantown Md				
		Accident or Suicide?						

R A Elliott

Zion Cemetery

Name
in
Full

CERTIFICATE OF DEATH

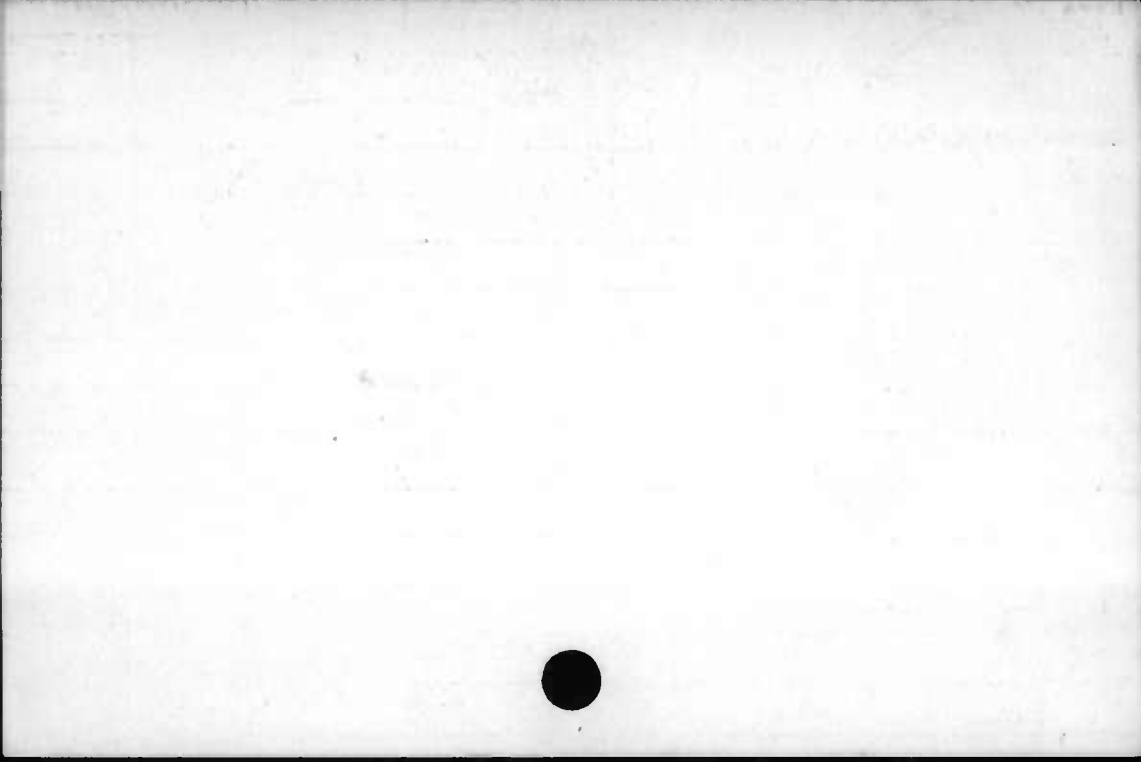
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beltsville</i> ^{Town}		<i>Priddy</i> ^{County}		MARYLAND	
Date of death	1905	Month	Jan	Day	2
Sex	Female	Age	64	Years	
Color or Race	Wca	Months		Days	
Occupation	Domestic	Birthplace	Ind.		
Where Residing if not at place of death		<input checked="" type="checkbox"/>			
Married, Single or Widowed	Widowed	Name of Wife or Husband	<input checked="" type="checkbox"/>		
Father's Name	<input checked="" type="checkbox"/>	Father's Birthplace	<input checked="" type="checkbox"/>		
Mother's Maiden Name	<input checked="" type="checkbox"/>	Mother's Birthplace	<input checked="" type="checkbox"/>		
Name of person giving information	<input checked="" type="checkbox"/>	How related to deceased	<input checked="" type="checkbox"/>		

CAUSES OF DEATH

Primary	<i>Senile Dementia</i>	How long	<i>2 yrs.</i>
Immediate	<i>Cerebral Hemorrhages</i>	How long	<i>1 hour.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Thos Wade,</i>
	<i>No</i>	Address	<i>Beltsville,</i>
Accident or Suicide?	<i>No</i>		

PHYSICIAN
OR CORONER



Name in Full		John Justice				CERTIFICATE OF DEATH	
Died at		Town Brooklandville		County Balto.		MARYLAND	
Date of death		1902	Month 1	Day 1	Age 82	Months 11	Days 28
Sex Male		Color or Race white		Birth-place New Jersey			
Occupation Farmer		Where Residing if not at place of death Brooklandville					
Married, Single or Widowed Widower		Name of Wife or Husband Rebecca Justice					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information Levi Justice		How related to deceased Son.					
CAUSES OF DEATH							
Primary Senility & Endocarditis		How long Six months					
Immediate Coma - Asthenia		How long					
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Wilmer C. Enns M.D.					
		Address Cockeysville Md.					
Accident or Suicide?							

Sale's Bap^tists
Cem

J. H. Burdett
Lowson

Name
in
Full

CERTIFICATE OF DEATH

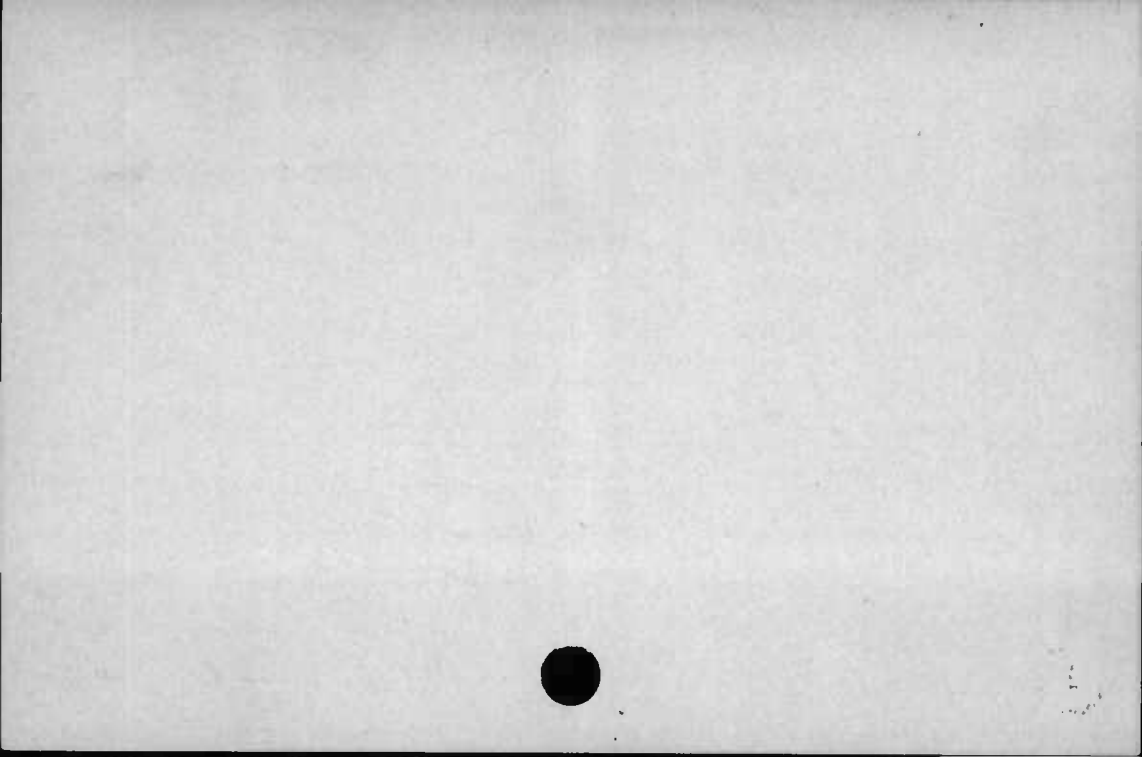
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Marie J Kernan</i>		Town <i>Sparrow's Point</i>		County <i>Beth</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1905</i>		Month <i>1</i>		Day <i>14</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Age <i>4</i>		Years <i>5</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		Birthplace <i>Penn.</i>		Months <i>1</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>James Kernan</i>		Father's Birthplace <i>Penn.</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Penn.</i>		Name of person giving information <i>H. Woodward MD</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hall</i>	How long <i>16</i>
Immediate <i>Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Woodward</i>
<i>Sparrow's</i>	Address <i>Penn., Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH											
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	St. Agnes' Hospital		Baltimore										
	Date of death	1905	Month	Jan.	Day	15	Age	Years	250	Months		Days	
	Sex	male		Color or Race	White		Birth-place	Ireland					
	Occupation	Overseer				Where Residing if not at place of death				4082 Ingleside Ave.			
	Married, Single or Widowed	Widower		Name of Wife or Husband									
	Father's Name					Father's Birthplace							
	Mother's Maiden Name					Mother's Birthplace							
Name of person giving information					How related to deceased								
<div style="text-align: center;">CAUSES OF DEATH</div>													
PHYSICIAN OF CORONER	Primary	Delirium Tremens						How long					
	Immediate	Heart Failure						How long					
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		J. M. Masamano				
							Address		St. Agnes' Hospital				
	Accident or Suicide?												



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catharine Keys

Died at *Sparrows Point* Town*Baltimore* County

MARYLAND

Date of death

1905

Month

Jan

Day

17th

Age

Years

42

Months

7

Days

Sex

Female

Color or Race

white

Birth-place

Scotland

Occupation

House wife

Where Residing if not at place of death

Sparrows Point

Married, Single or Widowed

married

Name of Wife or Husband

Hugh Keys

Father's Name

John O'Neal

Father's Birthplace

Scotland

Mother's Maiden Name

Rosa O'Neal

Mother's Birthplace

Scotland

Name of person giving information

Rosa Keys

How related to deceased

daughter

CAUSES OF DEATH

Primary

Parturition

How long

13 1/2

Immediate

Post-partum Haemorrhage

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. C. McCormick M.D.

Address

Sparrows Point

Accident or Suicide?

*no*PHYSICIAN
OR CORONER

1



Name
is
Full

Still born Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Sparrow Point</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	Jan	Day	17 th	Years	
Sex	male		Color or Race	white		Birthplace	<i>Sparrow Point</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Hugh Keys</i>				Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Catharine Keys</i>				Mother's Birthplace	<i>Scotland</i>	
Name of person giving information	<i>Rosa Keys</i>				How related to deceased	<i>sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born</i>	How long	<i>3.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>G. B. McCormick M.D.</i>
		Address	<i>Sparrow Point</i>
Accident or Suicide?			



Name
in
Full

Esther S. King

CERTIFICATE OF DEATH

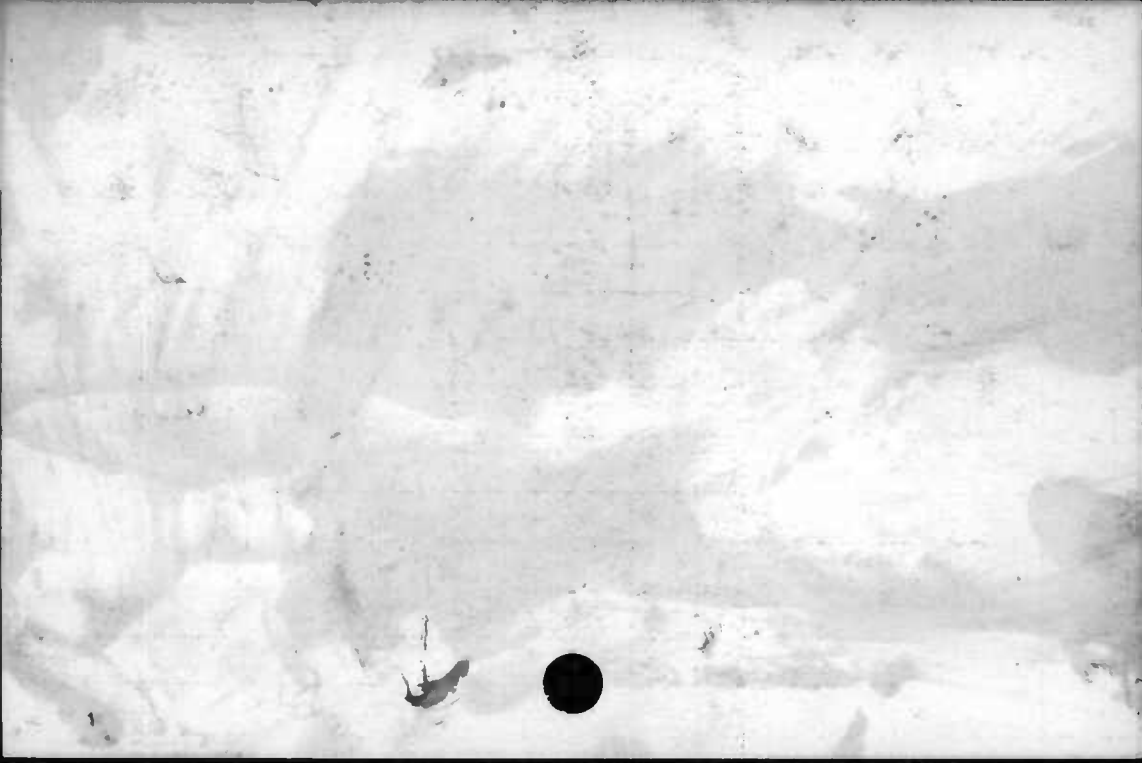
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Hill</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906 Jan</i>	Month <i>1</i>	Day <i>1</i>	Age <i>1</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto Co, Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>S. W. King</i>		Father's Birthplace <i>Balto Co, Md</i>			
Mother's Maiden Name <i>Berrena Wilson</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>S. W. King</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 days</i>
Immediate <i>Convulsions</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. McLeod</i>
	Address <i>Preston Town</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Chas. S. Knodle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>Baltimore</u>		County <u></u>		MARYLAND	
Date of death <u>1905</u>		Month <u>1</u>	Day <u>31</u>	Years <u>68</u>	Months <u></u>		Days <u></u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>					
Occupation <u>Pension Agent.</u>	Where Residing if not at place of death <u></u>						
Married, Single or Widowed <u></u>	Name of Wife or Husband <u>Caroline Knodle</u>						
Father's Name <u>John Knodle</u>	Father's Birthplace <u>Md.</u>						
Mother's Maiden Name <u>Yeakle</u>	Mother's Birthplace <u>"</u>						
Name of person giving information <u>Geo Knodle</u>	How related to deceased <u>son</u>						

CAUSES OF DEATH

Primary <u>Hydropneumocarditis</u>	How long <u></u>
Immediate <u>Acute Indigestion</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Hugh F. Forrester</u>

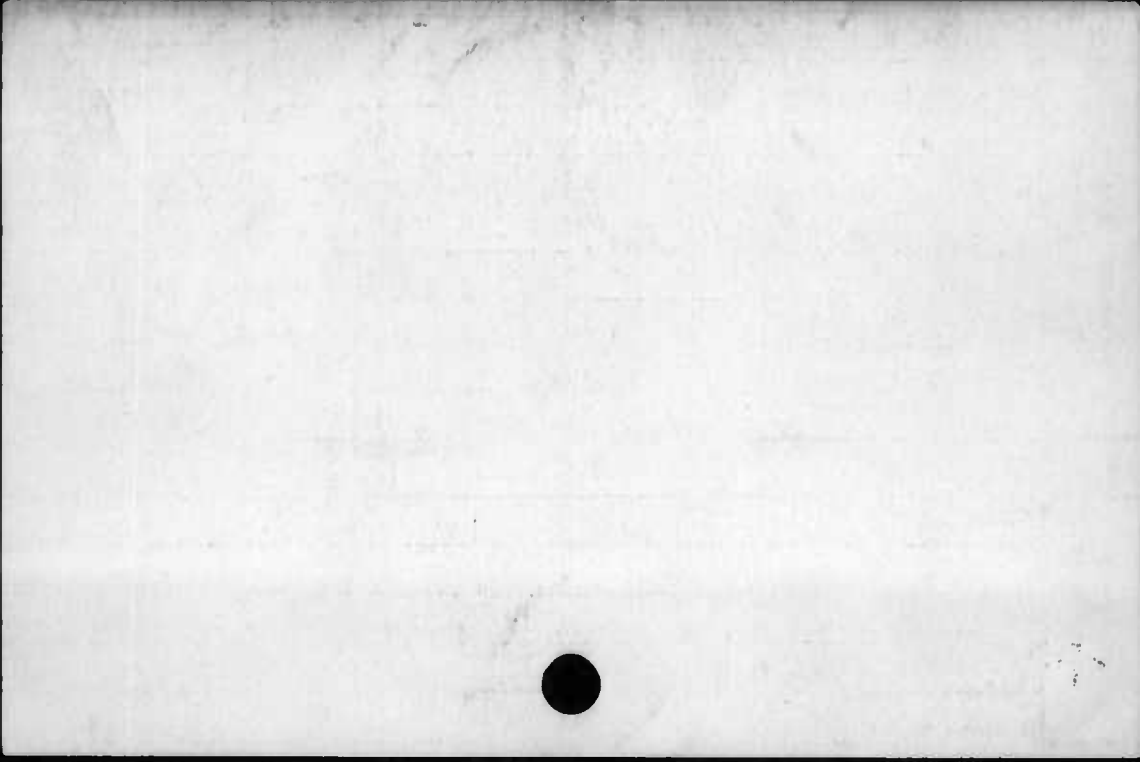
Address

Baltimore
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

Mary E. Krauss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

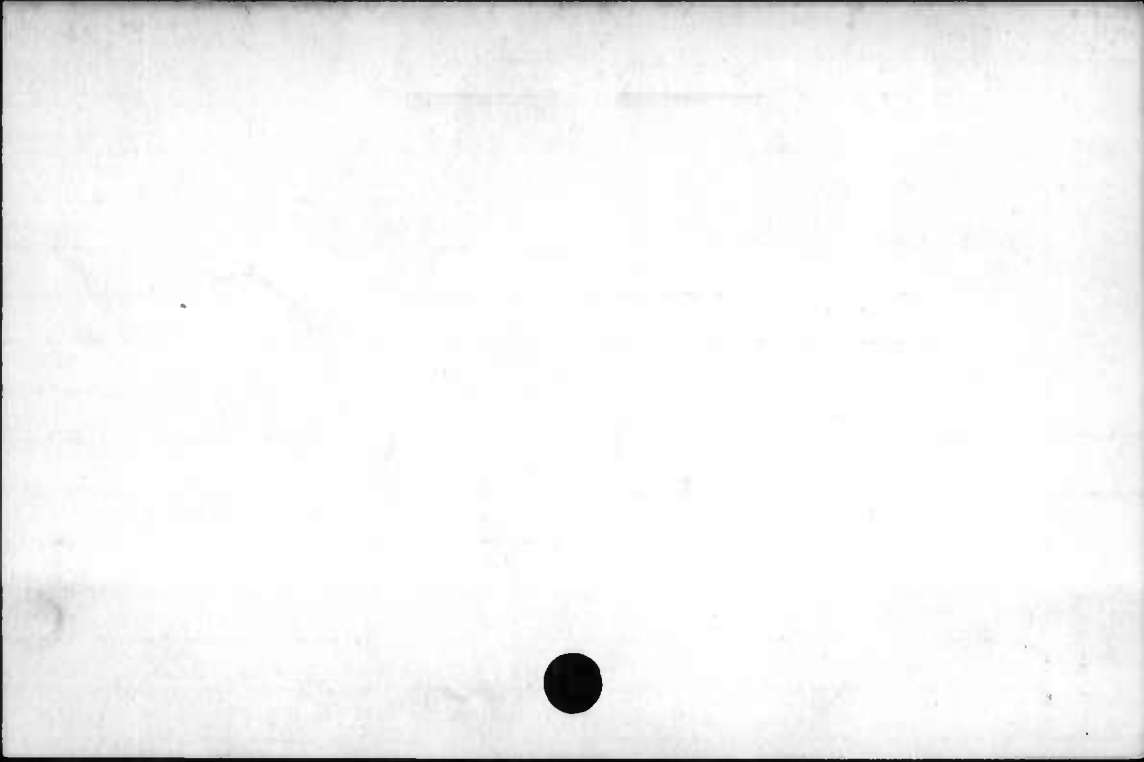
Died at <i>Union Ave Health Hknsth</i>		County <i>Baltimore</i>	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>49</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>	Months <i>9</i> Days <i>4</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>W^m J. Krauss</i>		
Father's Name <i>Bernard Sherry</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary A. Masterson</i>	Mother's Birthplace <i>N. J.</i>		
Name of person giving Information <i>W^m J. Krauss</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

①

Primary <i>Pneumonia</i>	How long <i>3 wks</i>
Immediate <i>Dyspnoea</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>August Horn M.D.</i>
	Address <i>782 W Mulberry St</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>August Kunkul</i>		Town <i>14</i> <i>Wellston</i>		County <i>13</i> <i>Alto</i>		MARYLAND					
Died at		Month <i>June</i>		Day <i>19</i>		Years <i>44</i>		Months		Days	
Date of death <i>1905</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>13</i> <i>Balto</i>					
Occupation <i>Cigar Manufacturer</i>		Where Residing if not at place of death <i>Married Fullbr.</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cath Kunkul</i>									
Father's Name <i>August Kunkul</i>		Father's Birthplace <i>Germany</i>									
Mother's Maiden Name <i>Sarah Evers</i>		Mother's Birthplace <i>13</i> <i>Balto Md</i>									
Name of person giving information <i>Chas Kunkul</i>		How related to deceased <i>brother</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Supposed Suicide</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm D Lorse</i>
		Address	<i>Gaadenville Md</i>
Accident or Suicide?			

H. Sander & Sons
1710 Canton Ave

Name
in
Full

Michael Sacey

CERTIFICATE OF DEATH

Died at Towson TownBalls. County

MARYLAND

Date
of death 1903Month 1Day 8

Age

Years 60Months —Days —

Sex

MaleColor or
RacewhiteBirth-
placeGolway Ireland

Occupation

laborWhere Residing if not
at place of deathTowsonMarried, Single
or WidowedMarriedName of Wife or
HusbandMary Ann SaceyFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationMary Ann SaceyHow related
to deceasedwife

CAUSES OF DEATH

Primary

Paralysis

How long

Three year

Immediate

Paralysis

How long

Three yearAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianD. H. Harrold

Address

Towson

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

St Mary's Yonkers
John Burns Revd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Balto</i>		County <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Jan.</i>	Day <i>24</i>	Age <i>18</i>	Years <i>39</i>	Months <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>France</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>St. Mary's Seminary</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased <i>27</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Frank Worsey M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lebanonville</i> ^{Town}		<i>Putto</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Jan</i>	Day <i>21st</i>	Years <i>70</i>	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <input checked="" type="checkbox"/>			Father's Birthplace <input checked="" type="checkbox"/>		
Mother's Maiden Name <input checked="" type="checkbox"/>			Mother's Birthplace <input checked="" type="checkbox"/>		
Name of person giving information <input checked="" type="checkbox"/>			How related to deceased <input checked="" type="checkbox"/>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

(1)

Primary <i>Imbecility</i>	How long <i>95</i>	How long <i>Congenital</i>
Immediate <i>Pulmonary Edema</i>	How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Grey Wade</i>	
	Address <i>Lebanonville, Ind.</i>	
Accident or Suicide? <i>No</i>		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edith Loftus

Town

Died at

Sparrow's Point

County

Baltimore

MARYLAND

Date

of death 1905

Month

Jan

Day

4

Age

Years

15

Months

11

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Ashland, Md.

Occupation

School Girl

Where Residing if not
at place of death

Sparrow's Point

Married Single

Or Widowed

Name of Wife or
HusbandFather's
Name

Jas. W. Loftus

Father's
Birthplace

Balto. Co.

Mother's
Maiden Name

Caroline Helbinger

Mother's
Birthplace

Balto. Co.

Name of person giving
information

Jas. W. Loftus

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

33 days

Immediate

Intestinal Hemorrhage

How long

11 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

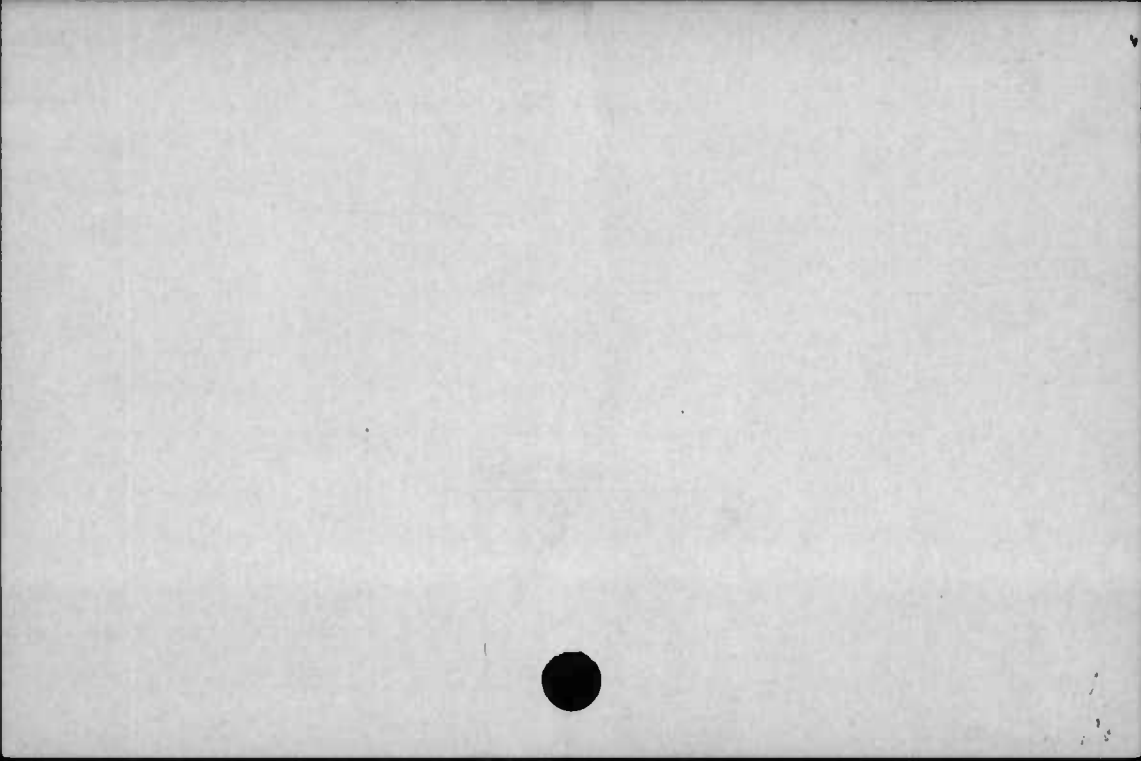
Signature of
Physician

Address

H. K. Pettekian M.D.
Sparrow's Point
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

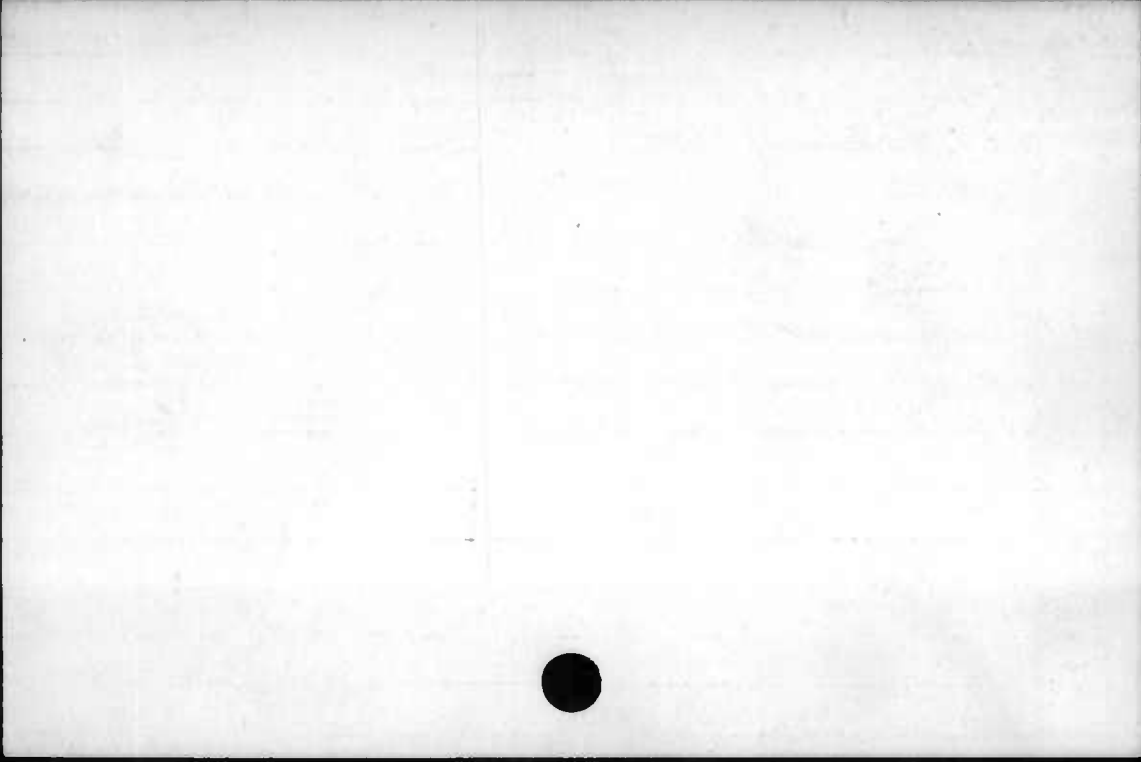
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Jan.	12	Age 46			
Sex	Female	Color or Race		White		Birth-place	
Occupation		None		Where Residing if not at place of death		Ireland	
Married, Single or Widowed		Widow		Name of Wife or Husband		324 Courtland St.	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	
Immediate	Acute Indigestion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. P. O'Mara M.D.
		Address	St. Agnes' Hospital.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Bennett Mackall

Town

Towson

County

Baltimore County

MARYLAND

Died at Sheppard & Enoch Pratt Hospital

Date of death 1905

Month

January

Day

11th

Years

Age 53

Months

10

Days

17

Sex

Male

Color or
Race

White

Birth-
place

City of Baltimore

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
HusbandFather's
Name

Leonard Mackall

Father's
BirthplaceGeorgetown
District of ColumbiaMother's
Maiden Name

Frances Anne Bennett

Mother's
BirthplaceTalbot County
MarylandName of person giving
information

Thomas B. Mackall

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Diabetes

50

How long

1 year.

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. M. Franklin

Address

Sheppard & Enoch Pratt Hosp.
Towson Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER
1

Henry W. Jenkins Sons Co.

Funeral Sat Jan 14th 1905

Green Mount.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

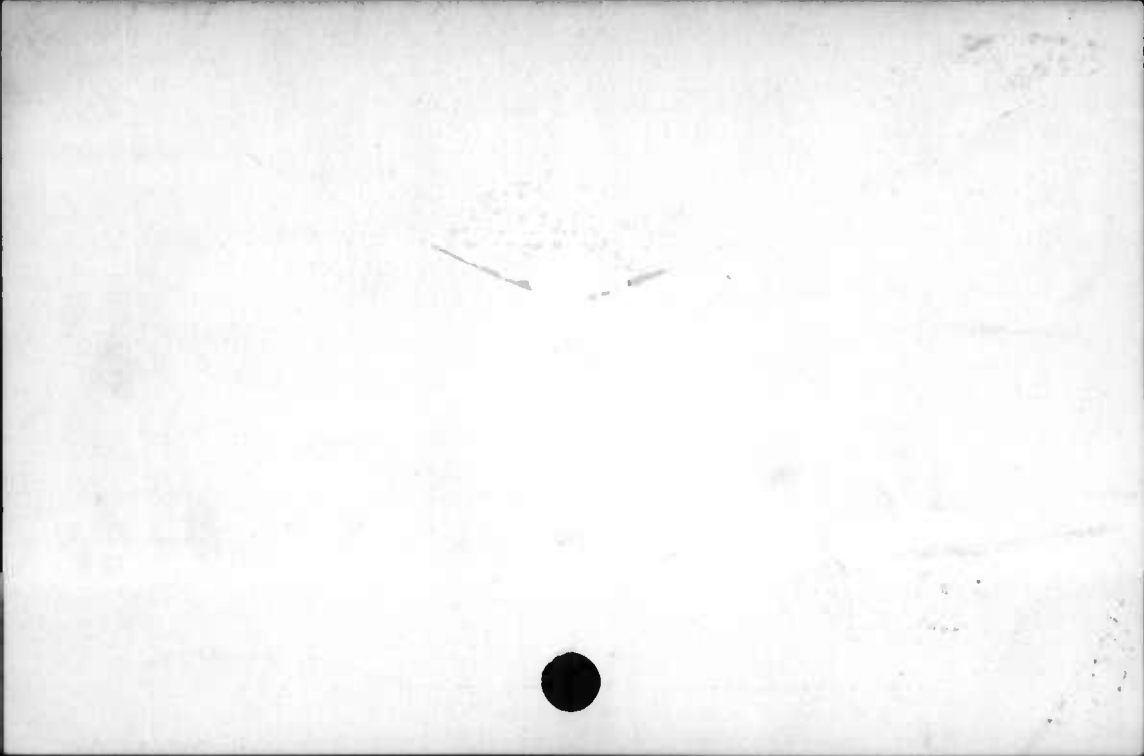
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John D. Mahoney</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>	
Died at <i>Pikesville</i>		Month <i>1</i>		Day <i>11</i>	
Date of death 190 <i>5</i>		Years <i>75</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Old Soldier</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>H. H. Mathews</i>				How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia Paralytica 67</i>	How long <i>several weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N. C. E. Myn</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide? <i>—</i>	



Mary A. Metzger

Town

County

MARYLAND

Died at Helena, Balto

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

1

11

Age

60

Philad. Pa.

nurse

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of Peter Metzger

Father's

Mother's

Name

Maiden Name

Mary Brimmer

Cause of

Primary

Anemia

How long sick

6 weeks

Death

Immediate

asthma

54

Accident, Suicide, Homicide

Reported by

E. Lambert Youver M.D.

Address

305 East E. St.

Sharrow Pk.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J N Jackson to
Mr Carmel Andy.

Name
in
Full

Kerrman Meyer

CERTIFICATE OF DEATH

MARYLAND

Died at 16th St. Heights Bldg County

Date of death 1905 Jan 5 Age 66 Months 10 Days 19

Sex Male Color or Race White Birth-place Germany

Married, Single or Widowed Married Occupation Retired

Name of Wife or Husband

Father's Name Kerrman Meyer

Father's Birthplace Germany

Mother's Maiden Name said know

Mother's Birthplace " "

Name of person giving information Mrs. Meyer

How related to deceased Wife

CAUSES OF DEATH

Primary Mental

How long —

Immediate Bright's disease

How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Fred Raughter

Address 2729 C Bldg St. Balt Md

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER

Evans & Spencer
London Part

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Kunagunda Meyer*

Town *Sparrows Point* County *Baltimore* MARYLAND

Died at *Sparrows Point*

Date of death *1904* Month *Jan* Day *7th* Age *29* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *Sparrows Point*

Married, Single or Widowed *Married* Name of Wife or Husband *August Meyer*

Father's Name *Father deceased* Father's Birthplace

Mother's Maiden Name *Barbaret Weisand* Mother's Birthplace *Germany*

Name of person giving information *August Meyer* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* How long *2 years*

Immediate *Acites* How long *2 mo.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. C. McCormick M.D.*

Address *Sparrows Point Md.*

Accident or Suicide? *no*

St Pauls

Jan 9. 1905

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonough</i>		Town <i>McDonough</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>27</i>	Age <i>78</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of wife or Husband <i>C. J. Miller</i>				
Father's Name <i>Geo. Miller</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Hannah Barnett</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mattie Barnett</i>			<i>93</i>		How related to deceased <i>Daughter</i>		

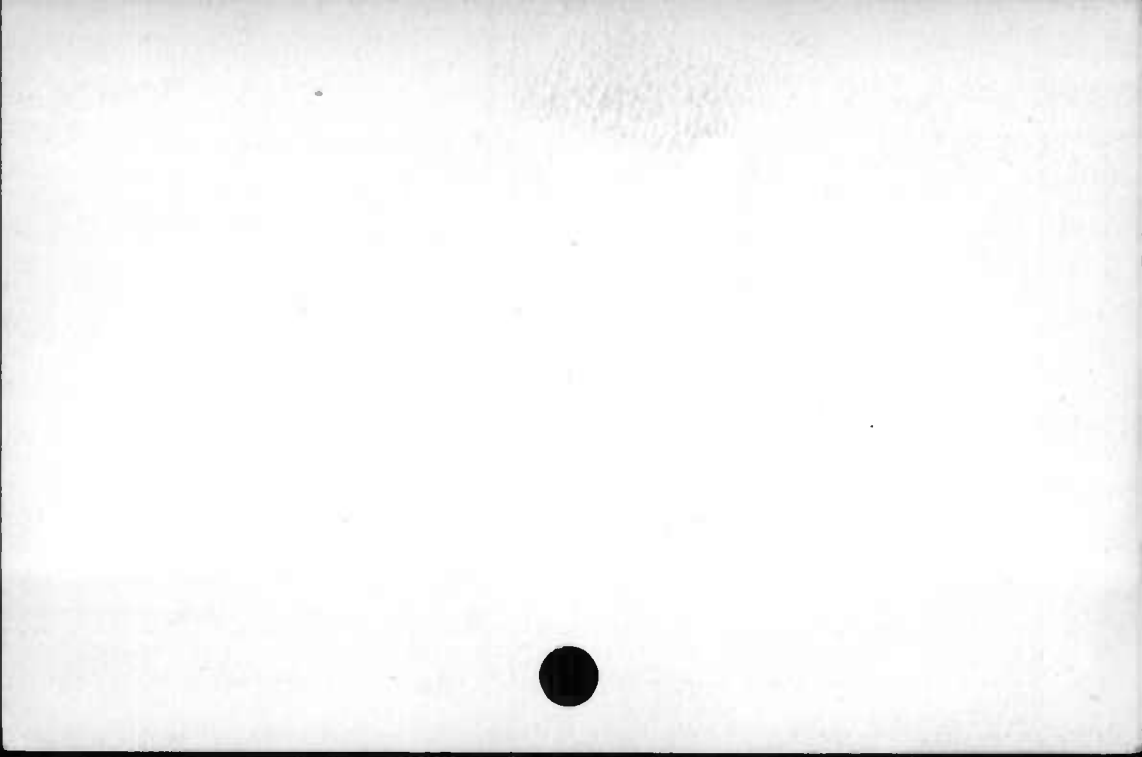
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma & Pneumonia</i>	How long <i>One week</i>
Immediate <i>Exhaustion</i>	How long <i>Twenty-four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. W. Ward, M.D.</i>
	Address <i>Harrisonville, Md.</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Pearl Lyllian Miller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Seftonsville</i>		^{County} <i>Balto</i>		MARYLAND		
		Date of death 190 ^{Month} <i>5</i> ^{Day} <i>18</i>	^{Years} <i>3</i>		^{Months} <i>3</i>		^{Days}	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Seftonsville</i>		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name <i>Henry Miller</i>				Father's Birthplace <i>Ind</i>		
		Mother's Maiden Name <i>Virginia Wiseman</i>				Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Henry Miller</i>				How related to deceased <i>Father</i>				
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>		How long <i>2 days</i>				
		Immediate <i>Exhaustion</i>		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Hall</i>				
				Address <i>Ind Union</i>				
		Accident or Suicide?						



CERTIFICATE OF DEATH

Mildred C. L. Mooney

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Landdowne*^{County} *Baltimore*Date of death *1905 January*Day *28* Age *—*

Years

Months *—*Days *5*Sex *female*Color or Race *white*Birth-place *Landdowne. Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*

Name of Wife or Husband

Father's Name *William J. Mooney*Father's Birthplace *A.A. B. Md*Mother's Maiden Name *Nettie Owens*Mother's Birthplace *A.A. B. Md*Name of person giving information *William T. Mooney*How related to deceased *father*

CAUSES OF DEATH

Primary *Failure to close of Foramen Ovale*How long *some birth*Immediate *Cyanosis*

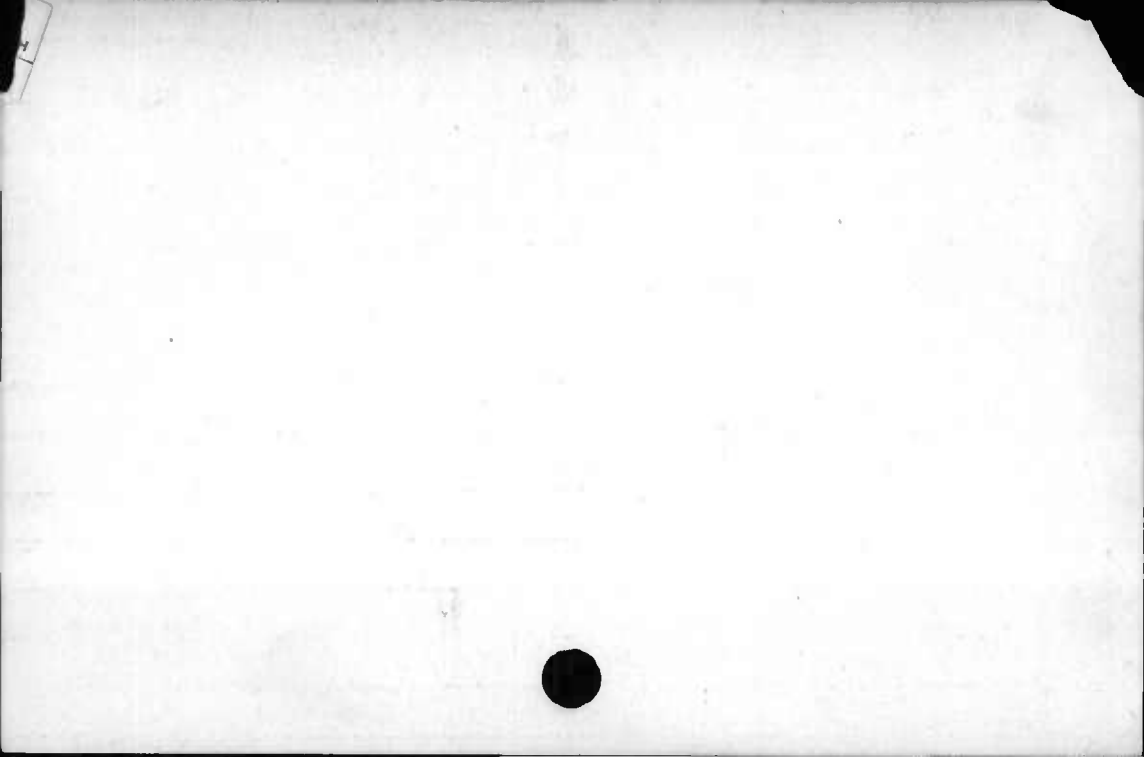
How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Frank H. Muhl
*Landdowne Md*Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

PHYSICIAN
OR CORONER

M. F. Suckowski:
Mt. Carmel

Cemetery

Name in Full

Certificate of Death

Died at

Date 19

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lemuel Morris

Town

County

MARYLAND

Died at Cockeysville Baltimore
 Date 1908 Jan 5
 Age 22 1/2
 Male White Married
 Occupation Unemployed
 Number of children living 0

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lemuel Morris

Town

County

MARYLAND

Died at Cockeysville Baltimore
 Date 1908 Jan 5
 Age 22 1/2
 Male White Married
 Occupation Unemployed
 Number of children living 0

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lemuel Morris

Town

County

MARYLAND

Died at Cockeysville Baltimore
 Date 1908 Jan 5
 Age 22 1/2
 Male White Married
 Occupation Unemployed
 Number of children living 0

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lemuel Morris

Town

County

MARYLAND

Died at Cockeysville Baltimore
 Date 1908 Jan 5
 Age 22 1/2
 Male White Married
 Occupation Unemployed
 Number of children living 0

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To Be Perished at
White Barge
By Enser & Rice

Name
in
Full

Mary L. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1906-

Jan.

1

Age

79-

6

12

Sex

Female -

Color or
Race

White

Birth-
place

Baltimore Co.

Married, Single
or Widowed

Widow

Occupation

Name of Wife or
HusbandFather's
Name

J. Sampson

Father's
Birthplace

Baltimore Co.

Mother's
Maiden Name

K. Pocock

Mother's
Birthplace

Baltimore Co.

Name of person giving
In formation

Mrs George Eberle

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Nephritis

12 1/2

How long

1 Year

Immediate

Urinary Pruning

How long

2 days -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Joseph H. Jackson

Freeland, Balt. Co. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

Philip Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Arcadia</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1905		Month <i>1</i>		Day <i>6</i>		Age Years <i>85</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>md</i>			
Married, Single or Widowed				Occupation <i>Huckster</i>			
Name of Wife or Husband <i>Mary Myers</i>							
Father's Name <i>William Myers</i>				Father's Birthplace <i>Penn</i>			
Mother's Maiden Name <i>Johanna Moses</i>				Mother's Birthplace <i>Holland</i>			
Name of person giving In formation <i>Mrs. N. Frank Cofield</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		(79) ✓ How long	
Immediate <i>Heart trouble or failure</i>		How long <i>3 years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
<i>Jas. H. Wilson M.D.</i>		Address <i>Fowlesburg Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Ella Nace

Town

County

Died at

Warren

Balto.

MARYLAND

Date 1905

Month

Day

Age

Y.

M.

D.

Native of

Occupation

1 24

13

Ind.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Endocarditis

How long sick

4 months

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Wilbur C. Enzor, Ind.

Address

Cockeysville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name
in
Full

E. Leth. Marselle Nash

CERTIFICATE OF DEATH

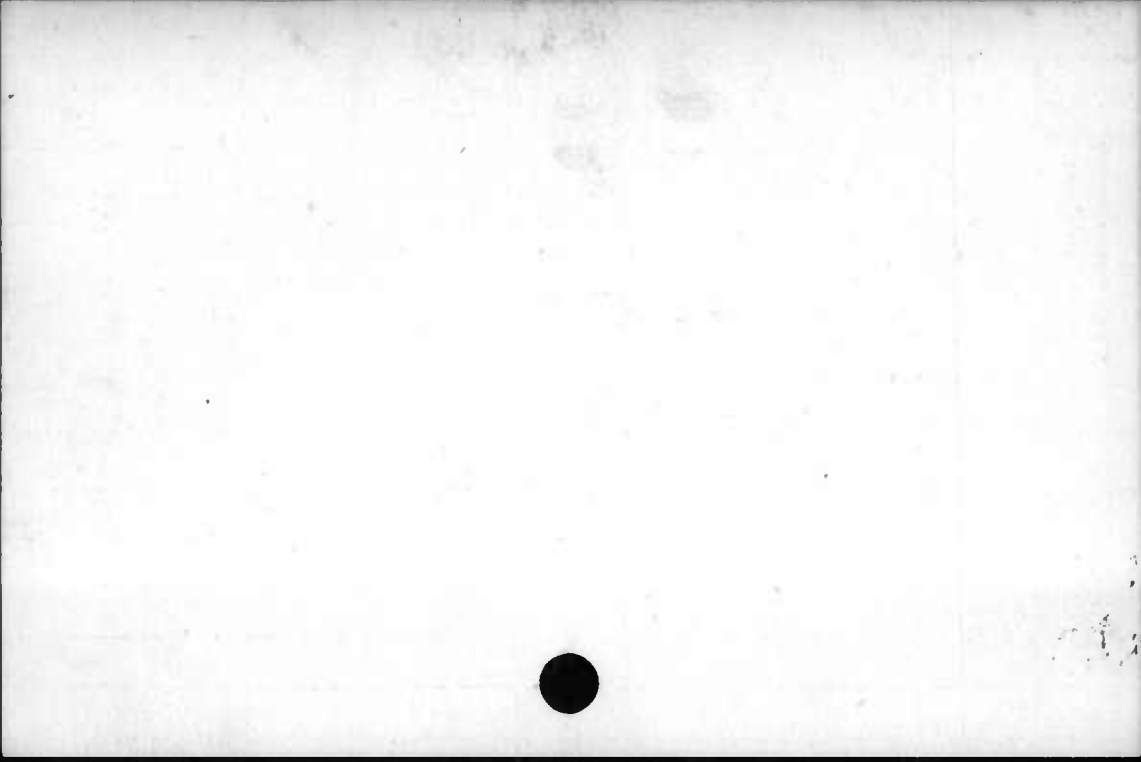
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan</i>	Day <i>5</i>	Age <i>4</i>	Months <i>11</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Mount Zion</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Wm Burnett Nash</i>			Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name <i>Emma Jane Bosley</i>			Mother's Birthplace <i>Mount Zion</i>		
Name of person giving In formation <i>Wm B. Nash</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

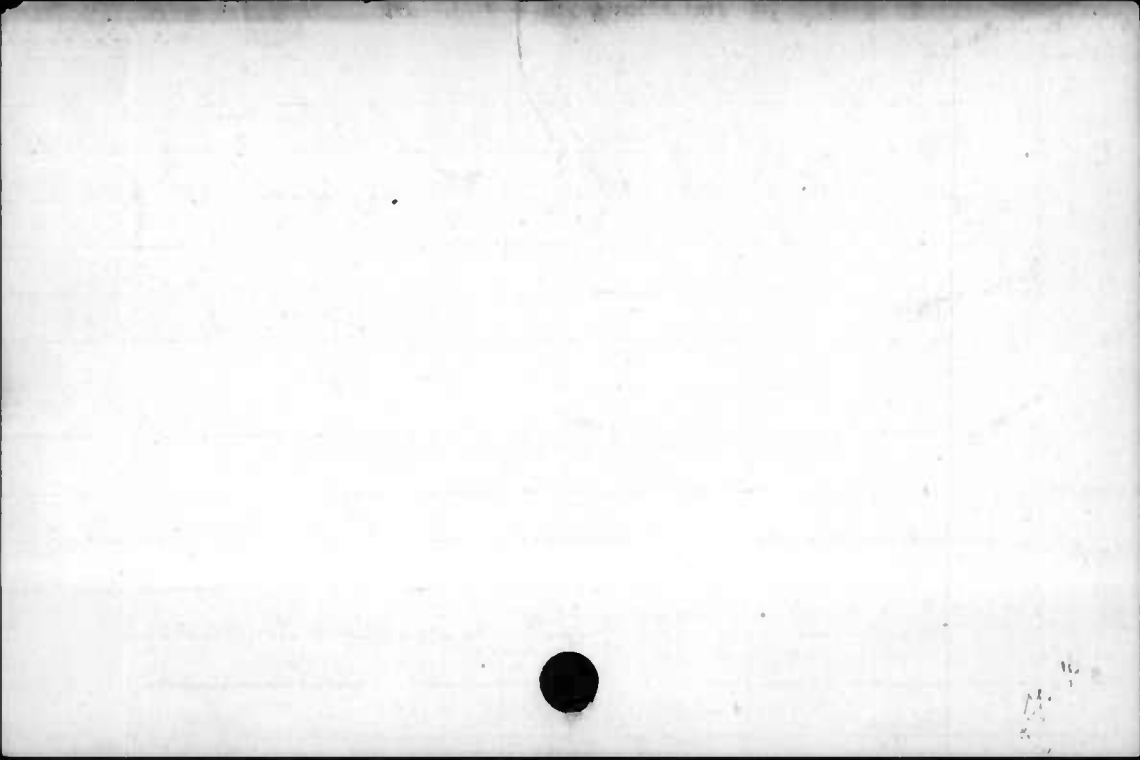
Primary <i>Diphtheria of Larynx</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician. <i>H. M. Slade</i>
	Address <i>Reisterstown</i>
Accident or Suicide?	



Name in Full		Sarah Adelaide Newkirk				CERTIFICATE OF DEATH	
		Town		County		md.	
		Died at Westport.		Balto. Co.		MARYLAND	
Date of death		1905	Month Jan.	Day 2.	Years 55	Months	Days 2.
Sex Female		Color or Race White.		Birth place New Jersey			
Occupation Housewife		Where Residing if not at place of death Westport.					
Married, Single or Widowed Married		Name of Wife or Husband		Cornelius Newkirk			
Father's Name Evan Brickett		Father's Birthplace New Jersey					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Corneline Newkirk		How related to deceased Husband					
CAUSES OF DEATH							
Primary Apoplexy		How long 4 days		64			
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician L. M. Lempert			
				Address 602 N. Paca St.			
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Hazel Marie Nolen

154
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Long Green ^{County} Baltimore MARYLAND

Date of death 1905 ^{Month} Jan. ^{Day} 3 ^{Age} ^{Years} ^{Months} 10 ^{Days} 2

Sex Female Color or Race Colored Birth-place Balto. Co. Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Isreal Nolen Father's Birthplace Harford Co. Md.

Mother's Maiden Name Allie Custer Mother's Birthplace Richmond Va.

Name of person giving information Isreal Nolen How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

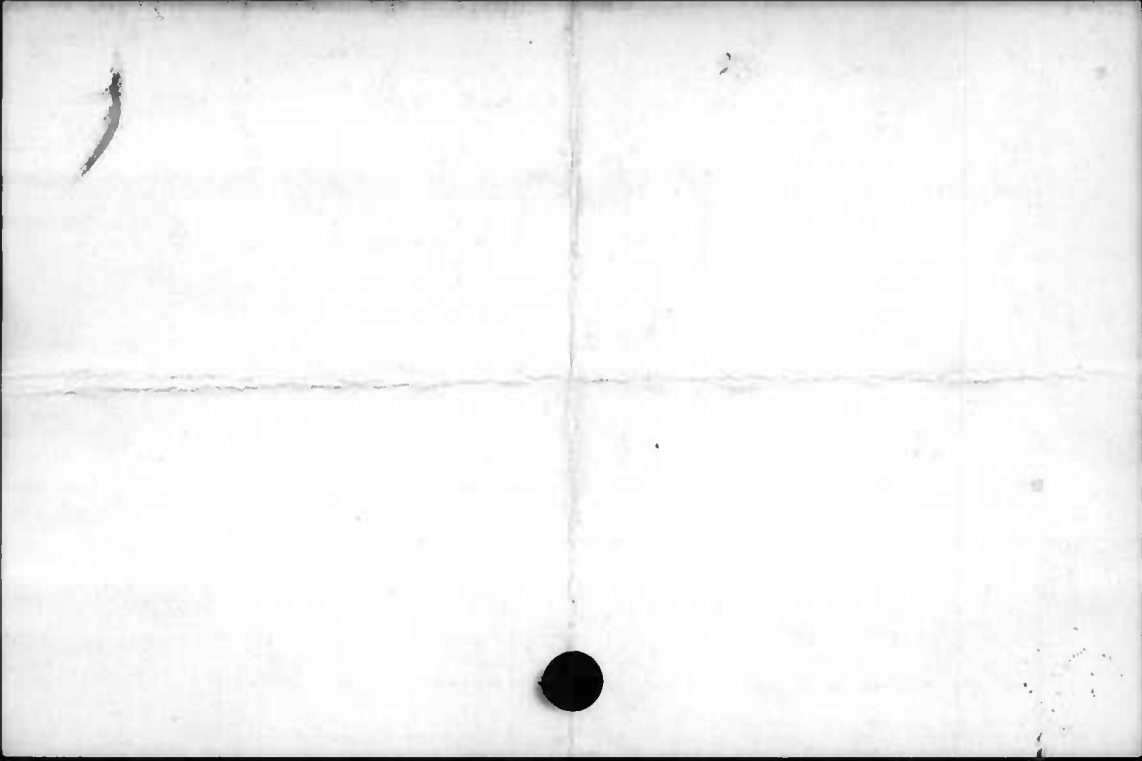
Primary Heart disease How long 79 20 months

Immediate " " How long " "

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician J. S. Seew, Address Sittings, Md.

Accident or Suicide



Name
in
Full

George W. One

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908 Jan.</i> ^{Month}		<i>20</i> ^{Day}	Age <i>8</i> ^{Years}	<i>13</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>	
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>James One</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Emma Barker</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>James One</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>5 yrs</i>
Immediate <i>Cerebral</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. D. Smith</i>
<i>No</i>	Address <i>314 Long...</i>
Accident or Suicide? <i>No</i>	

H Sanders & son
Mt Carmel County

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1900	Jan	6	80			Ind	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Cause of	Primary	General Debility	How long sick	Eighteen Mos.
Death	Immediate	Prostration		Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

At Wangs
Cemetery
John Penns Row

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

LIBRARY PUBLIC 2000

To be Buried By
Escort & Rich
at Papler church
Wares

Name
in
Full

Benjamin F. Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Pikesville* ^{County} *Baltimore* **MARYLAND**

Date of death 190*5* Month *1* Day *11* Age Years *78* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md.*

Married, Single or Widowed *Single* Occupation *Old Soldier*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *H. H. Mathews* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer* *45* ✓ How long *about 1 year*

Immediate *Exhaustion* How long *some weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. O. E. Mym*

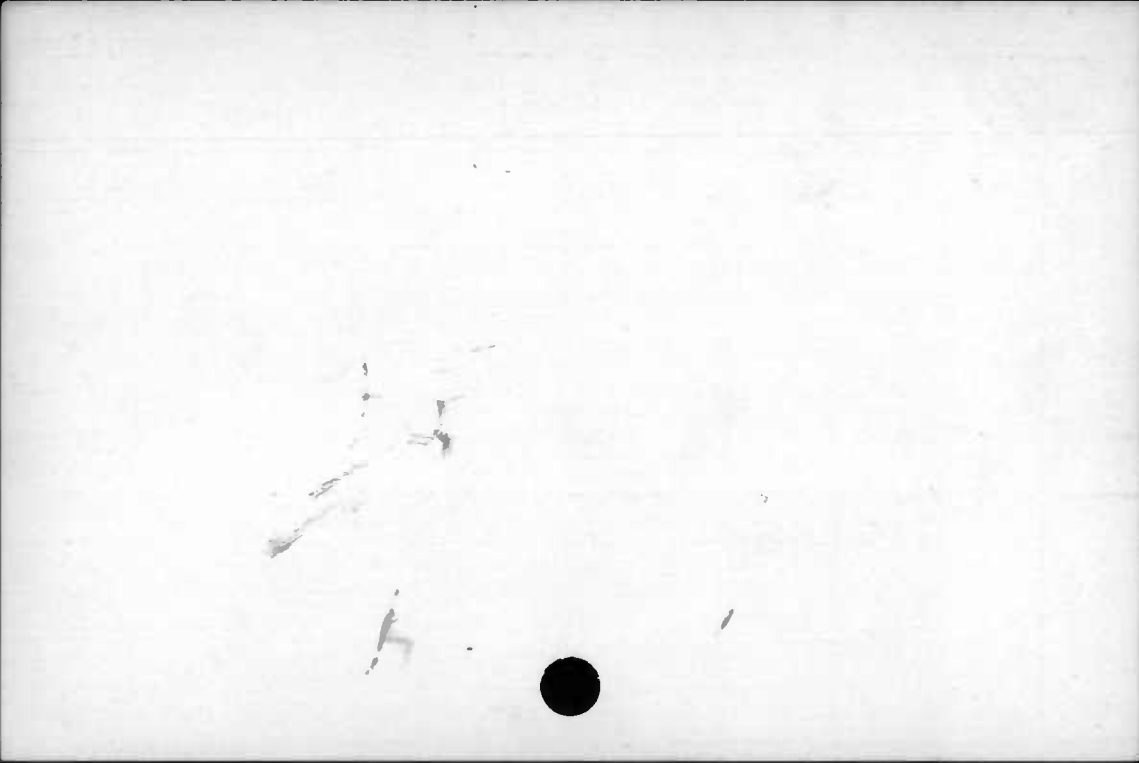
Address *Pikesville Md*

Accident or Suicide? *—*



109

Name in Full		Munamus Infant Porter (M M)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Wachusett Town		Berk County		MARYLAND	
	Date of death	1905	May	Day	9	Age	Years
	Sex	Female		Color or Race	white		Months
	Occupation			Birth-place	md		
	Where Residing If not at place of death						
	Married, Single or Widowed	-		Name of Wife or Husband			
	Father's Name	Geo. H. Porter				Father's Birthplace	md
	Mother's Maiden Name	Annie Hedgcock				Mother's Birthplace	md
Name of person giving information	Geo. H. Porter				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Natural Cause				How long	-
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address of		
	Accident or Suicide?				no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leahurstville</i>		<i>Putto</i>		MARYLAND	
Date of death	1905	Month	Jan	Day	31
Sex	Male	Color or Race	White	Age	76
Occupation	Laborer		Where Residing If not at place of death	X	
Married, Single or Widowed	Married		Name of Wife or Husband	X	
Father's Name	X		Father's Birthplace	X	
Mother's Maiden Name	X		Mother's Birthplace	X	
Name of person giving information	X		How related to deceased	X	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>1 yr</i>
Immediate	<i>Senility</i>	How long	<i>4 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Grey Under</i>
	<i>No</i>	Address	<i>Leahurstville</i>
Accident or Suicide?	<i>No</i>		

Amstutz & Seung Co.

Name
in
Full

Augusta Jane Rich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Glyndon^{County} Baltimore

Date of death 1905 Jan

Day 25

Age 59

Months 3

Days 19

Sex Female

Color or Race White

Birth-place XXXX XXXX N.Y.

Occupation None

Where Residing if not at place of death Glyndon

Married, Single or Widowed

Name of Wife or Husband Arthur Dick

Father's Name John George Anderson

Father's Birthplace Florida

Mother's Maiden Name Jane N. Anderson

Mother's Birthplace Conn.

Name of person giving information W. H. Poole 43

How related to deceased Son

CAUSES OF DEATH

Primary Carcinoma Gammmae

How long 2 yrs

Immediate Metastases

How long 6 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. B. Gammon

Address 267 N. Biddle St Baltimore

Accident or Suicide?

PHYSICIAN
OR CORONER

Place of burial
All Saints Cemetery
Reisterstown
Baltimore Md.

Undertaker
Newy. Appellius & Sons Co
233 N. Saratoga St.
Baltimore
Md.

January 27th 1905

T. Slade. Reisterstown

Name
in
Full

Marcella Robinson

CERTIFICATE OF DEATH

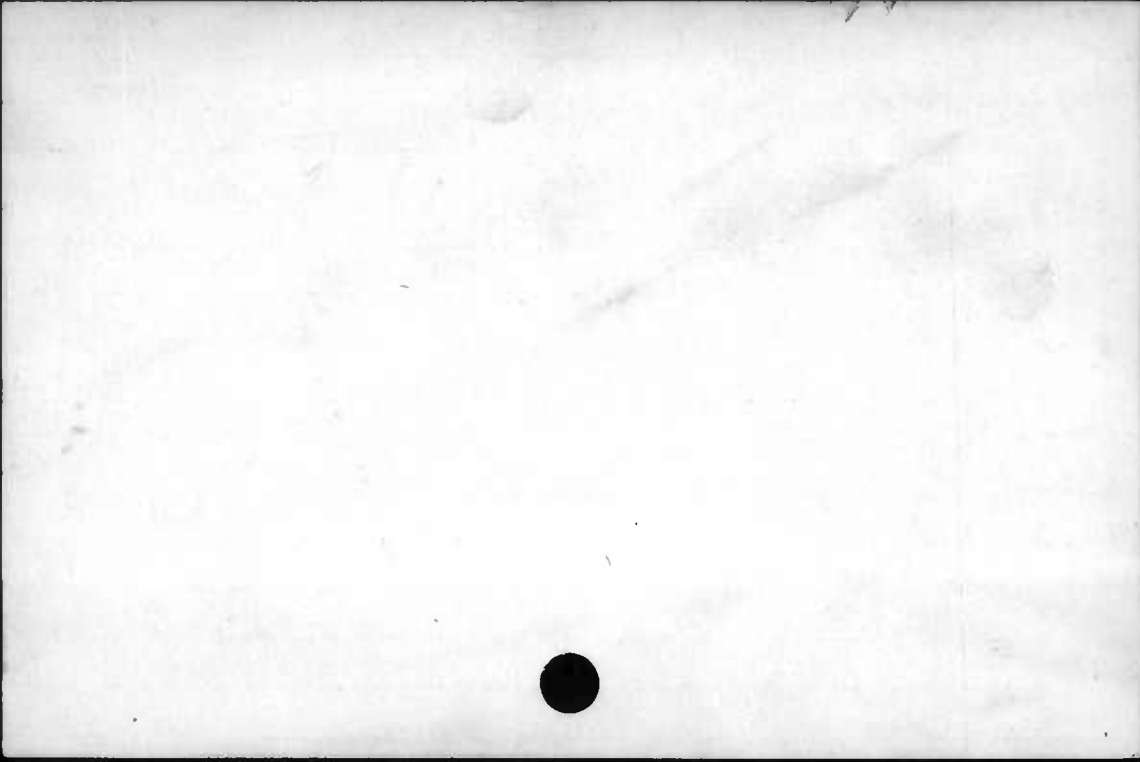
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairview</i> ^{Town}		<i>13th</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>1</i> ^{Month}	<i>27</i> ^{Day}	Age <i>2</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>girl</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>No father by chance</i>			Father's Birthplace		
Mother's Maiden Name <i>Emma Robinson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm Washington</i>			How related to deceased <i>no -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>cold</i>	How long
Immediate <i>Pneumonia</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. H. Wilson M.D.</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name in Full Anna E. Schaaf		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Highlandtown <small>Town</small>		Balto. <small>County</small>
	Date of death 1905 <small>Month</small>		1 <small>Day</small>
	Age 20 <small>Years</small>		7 <small>Months</small>
	Sex Female		Color or Race White
	Occupation House work		Where Residing if not at place of death #238 Eastern Av
	Married, Single or Widowed Married		Name of Wife or Husband John Schaaf
	Father's Name		Father's Birthplace
PHYSICIAN OR CORONER	Mother's Maiden Name		Mother's Birthplace
	Name of person giving information John Schaaf		How related to deceased Husband
	CAUSES OF DEATH		
	Primary Nephritis		
Immediate Broncho Pneumonia		How long about 7 months	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. W. Schaefer M.D.	
		Address 1013 Canton St.	
Accident or Suicide? —			

J. Herwig & Son

Mt Carmel Cem.

Jan. 25th. 1905

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Robert D. Scorrins* Town *Towson* County *Balto.*

Died at *Towson*

Date of death *1905 Jan. 17* Age *7* Months *—* Days *—*

Sex *Male* Color or Race *Motallo.* Birth-place *Towson*

Occupation *none* Where Residing if not at place of death *Towson*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Thomas Scorrins* Father's Birthplace *Balto Co*

Mother's Maiden Name *Laura Foster* Mother's Birthplace *Balto Co*

Name of person giving information *Thomas Scorrins* How related to deceased *Father.*

CAUSES OF DEATH

Primary *Rachitis* ☒ How long *from birth*

Immediate *La Grippe* ☒ How long *2 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. L. Massenburg M.D.

Towson Md

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Scovins Care Providence
John Burns Sons

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Melvale</u> <small>Town</small>		<u>Balto. Co</u> <small>County</small>	
		Date of death <u>1905</u>		Age <u>3</u>	
		<u>Jan</u> <small>Month</small>		<u>29</u> <small>Day</small>	
		<u>Female</u> <small>Sex</small>		<u>White</u> <small>Color or Race</small>	
		<u>7</u> <small>Months</small>		<u>21</u> <small>Days</small>	
		<u>Birth-place</u> <u>Balto Co Md</u>			
		<u>mom</u> <small>Occupation</small>		<u>Where Residing if not at place of death</u>	
<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u>			
<u>Father's Name</u> <u>J Henry Seeger</u>		<u>Father's Birthplace</u> <u>Balto Md</u>			
<u>Mother's Maiden Name</u> <u>Laura V. Tilghman</u>		<u>Mother's Birthplace</u> <u>Carroll Co</u>			
<u>Name of person giving Information</u> <u>J Henry Seeger</u>		<u>How related to deceased</u> <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER ①		<u>Primary</u> <u>Convulsions</u>		<u>How long</u> <u>2 days</u>	
		<u>Immediate</u> <u>Perimenstrual</u>		<u>How long</u> <u>2 days</u>	
		<u>Are the name, age, sex, color, date and place correctly given above?</u> <u>yes</u>		<u>Signature of Physician</u> <u>J. R. Rydely, M.D.</u>	
				<u>Address</u> <u>Forest Park Balto.</u>	
		<u>Accident or Suicide?</u>			

London Park Cem.

Jos. B. Cook Undertaker

Name
in
Full

Rosina Segerer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1905</i>	<i>Jan.</i>	<i>19th</i>	<i>Age 64</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>[Signature]</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Segerer</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Joseph Thierl</i>			How related to deceased <i>son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>	How long <i>2 1/2 years</i>
Immediate <i>Ascites Gallbladder</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>

Accident or Suicide?

Sacred Heart Cemetery

Jan. 23rd 1905

Germanus Franke

Under taken

Name
in
Full

Christian Leubert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Higdonston</i>		County <i>Bucks</i>		MARYLAND	
Date of death	1905	Month	1	Day	2
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>400 East 22</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Christian Leubert</i>			Father's Birthplace		
Mother's Maiden Name <i>Augusta Leubert</i>			Mother's Birthplace <i>Beth</i>		
Name of person giving information <i>Mother of child</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>congestion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. W. Lamm</i>	
		Address <i>304 Bank St. E.</i>	
Accident or Suicide?			

Herrig & Son
Oak Lawn Tenn.

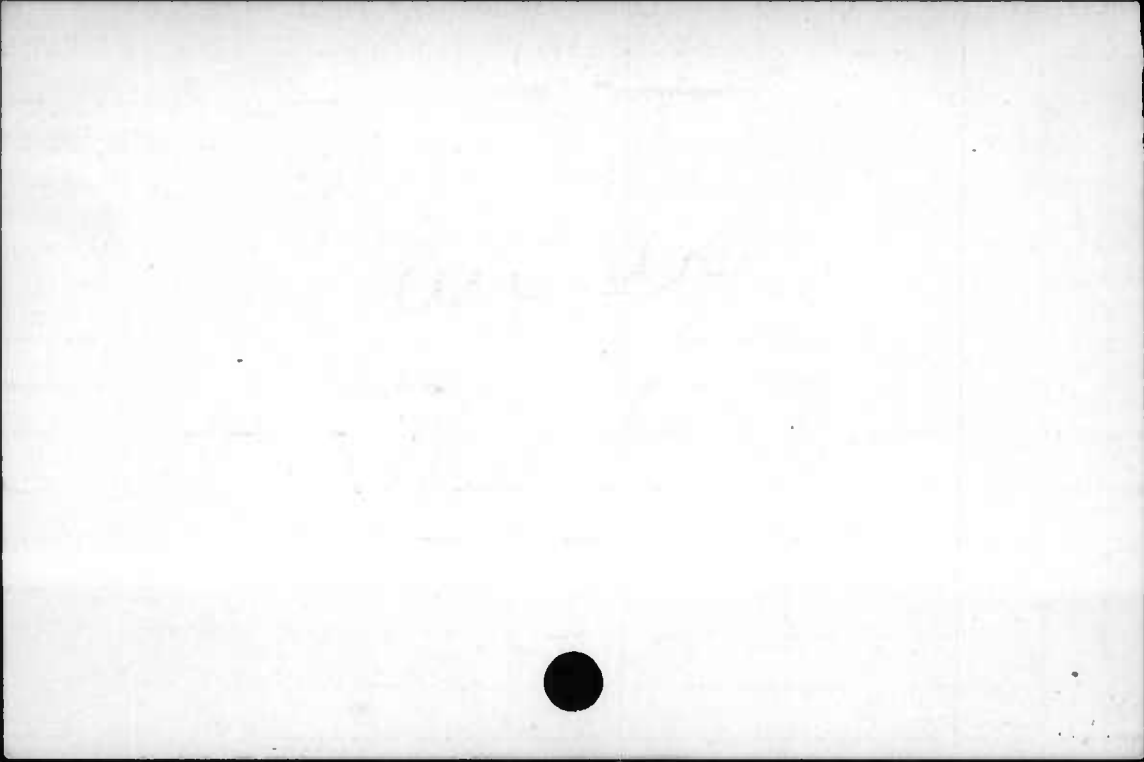
1/4/05

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Highland</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>	
		Date of death <i>1905</i> <small>Month</small> <i>1</i> <small>Day</small> <i>25</i>		<i>56</i> <small>Years</small> <i>8</i> <small>Months</small> <i>7</i> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Housewife</i>		Birth-place <i>Baltimore</i>	
		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Seyler</i>			
Father's Name <i>Christian Hachtel</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Elizabeth Reister</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Elizabeth Souders</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Carcinoma uterin.</i>		How long <i>2 years</i>	
		Immediate <i>Exhaustion</i>		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Schenck M.D.</i>	
				Address <i>1013 Canton St.</i>	
		Accident or Suicide? <i>—</i>			

H. Sander & sons

700 Carmel County

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County
	Date of death <i>1905</i>		Month <i>1st</i>	Day <i>5th</i>	Years <i>67</i>
	Sex <i>Female</i>	Color or Race <i>white</i>	Birth place <i>Baltimore</i>		Months <i>—</i> Days <i>—</i>
	Occupation <i>none</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name	60		Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
	Name of person giving information <i>Recs of Mt Hope</i>	How related to deceased <i>Not at all</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Paralysis (Hemiplegia)</i>	How long			
	Immediate <i>Ex —</i>	How long			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>			
		Address <i>Mt Hope Retreat Baltimore Md.</i>			
	Accident or Suicide?				



Name
in
Full

Rachel Shanklin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Barry P.O.		Baltimore					
Date of death 1905	Month	Day	Age	Years	Months	Days	
5	May	7th	82				
Sex	Color or Race	Birth-place					
Female	White	Harford Co.					
Married, Single or Widowed	Occupation						
Widowed	Housewife						
Name of Wife or Husband	Thomas Shanklin.						
Father's Name	James Tucker.					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Son W. M. Shanklin					How related to deceased	
					Son.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Intestinal Catarrh	How long	several years.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W. J. Harrison.
		Address	Lock Raven.
Accident or Suicide?			

Entertainment Hess

Cemetery Hartford Road

Geo W. Grammer

undertaker

Name in Full *Rachel E Shepperd*

CERTIFICATE OF DEATH

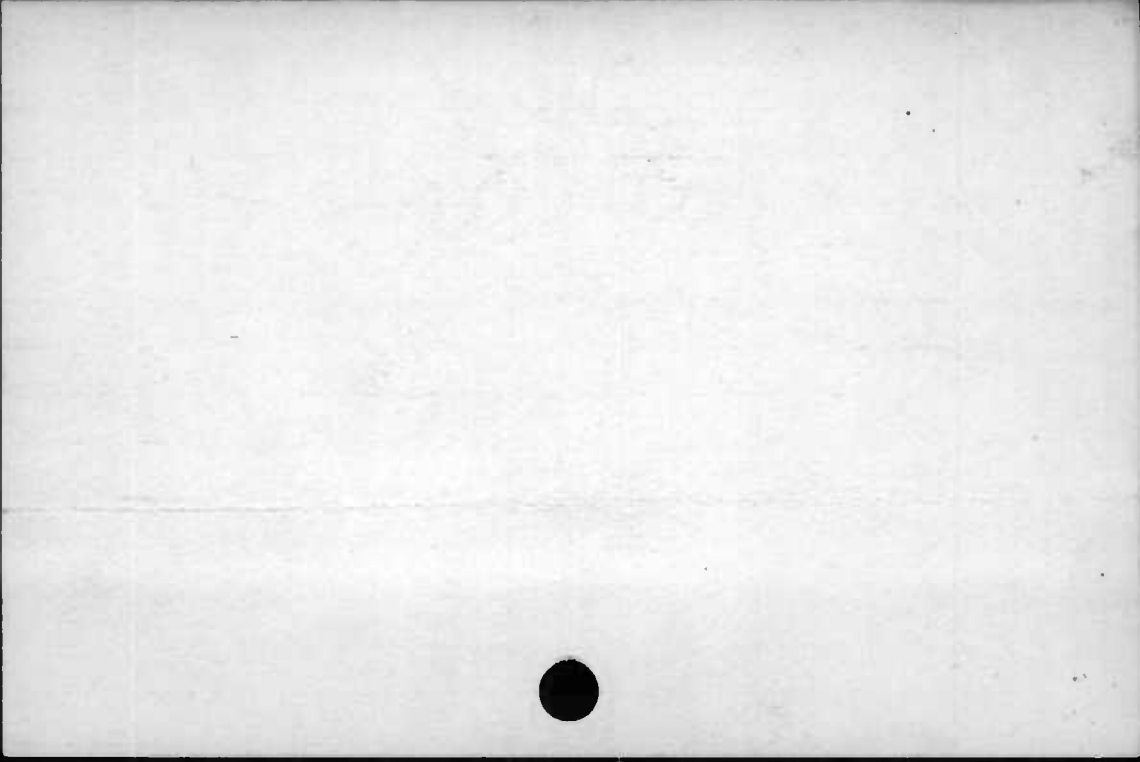
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bereford</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>1</i>	Day <i>27</i>	Age Years <i>66</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>J W Shepperd</i>					
Father's Name <i>L E Connor</i>			Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Abraham Shepperd</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>5 months</i>
Immediate <i>Heart failure</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Payne M.D.</i>
	Address <i>Consett Md</i>
Accident or Suicide?	



Name
in
Full

Catharine Shetrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Franklin ^{County} Baltimore

Date of death 1905 Jan 13 Age 58 Months Days

Sex Female Color or Race white Birth-place Ireland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband John H. Shetrow

Father's Name William Hartwell Father's Birthplace Ireland

Mother's Maiden Name Ellen Malloy Mother's Birthplace Ireland

Name of person giving information B. H. Hartwell How related to deceased Brother

CAUSES OF DEATH

Primary Acute Pneumonia, Nephritis How long 15 days

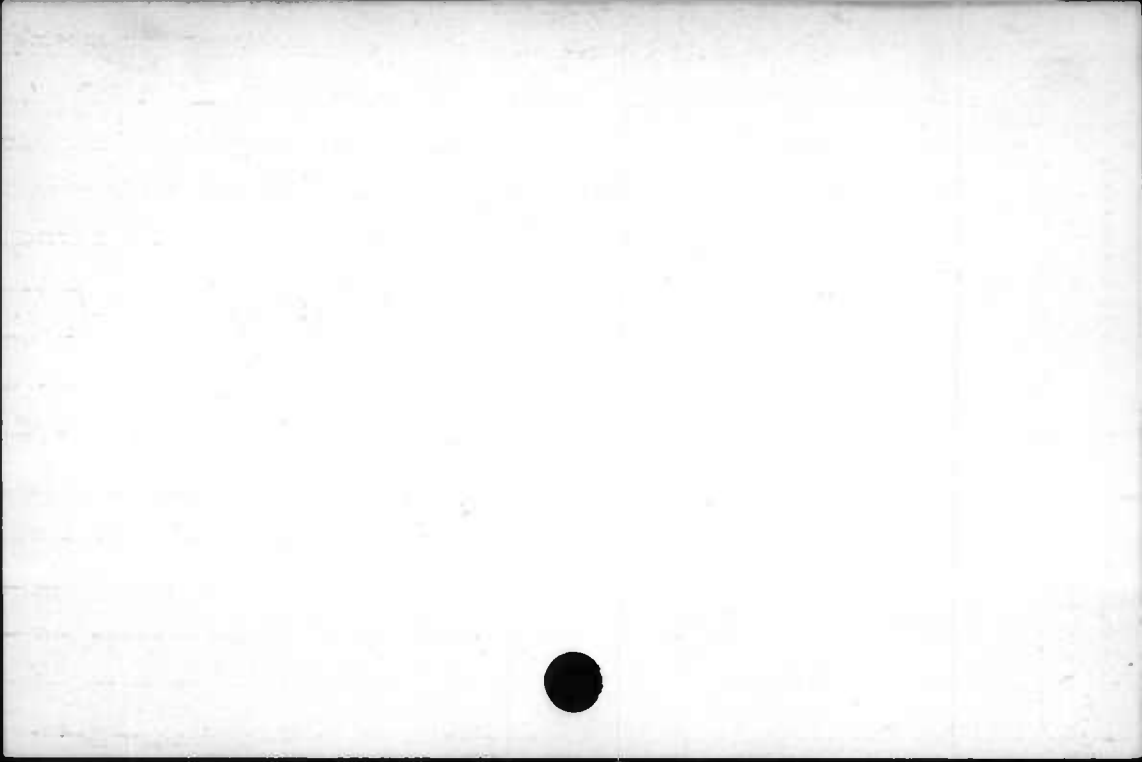
Immediate Syncope How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician H. Carroll Hounniss.

Address Dickysville, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Jan</i>	Day	<i>16</i>
Age	<i>64</i>	Years	<i>8</i>	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Reisterstown</i>
Occupation	<i>Farmer</i>		Where Residing If not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Julia V Shugars</i>		
Father's Name	<i>Daniel Shugars</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name	<i>X</i>		Mother's Birthplace <i>X</i>		
Name of person giving information	<i>Mabel Shugars</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

Primary	<i>Valvular Insufficiency of Heart</i>	How long	<i>One year</i>
Immediate	<i>Heart Failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. J. Mc</i>
		Address	<i>9 Lyndan</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER

1



Name
in
Full

Wihelm Otto Sipple

CERTIFICATE OF DEATH

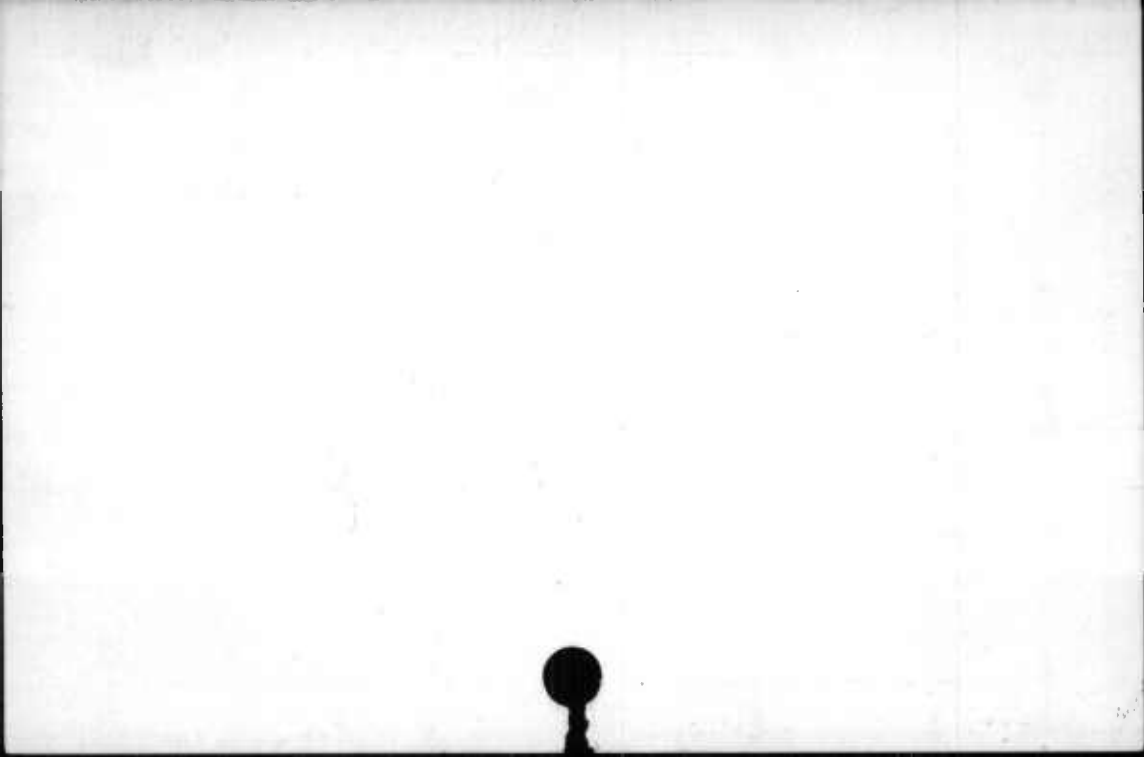
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>17th</i>	Age	Months <i>3 weeks</i>	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>as above</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Jos. Sipple</i>			Father's Birthplace		
Mother's Maiden Name <i>Caroline Paulsen</i>			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>convulsions</i>	How long <i>several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Corse</i>
<i>Jan 1905</i>	Address <i>Gardenville</i>
Accident or Suicide?	



Name in Full		Donald H. C. Slink				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Hoodlawn</i>		^{County} <i>Baltimore</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>	Days <i>29</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Hoodlawn</i>			
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Dr A. C. Slink</i>		Father's Birthplace <i>Hoodlawn</i>				
Mother's Maiden Name <i>Bertha M. Slink</i>		Mother's Birthplace <i>Towson Md</i>					
Name of person giving Information <i>Dr A C Slink</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia (left lower lobe)</i>		How long <i>One week</i>				
	<i>Exhaustion</i>		How long <i>24 hours</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. W. Mitchell</i>				
			Address <i>1002 Cathedral St</i>				
	Accident or Suicide?						

Hoodlawn Cemetery

Jos B Cook

Name
in
Full

Howard E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Higglestown		County Balto		MARYLAND	
Date of death 190	5	Month 1	Day 4	Age	Years	Months 4	Days 4
Sex	Male		Color or Race	White		Birth- place	Higglestown
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Frank H. Smith		Father's Birthplace	Ned
Mother's Maiden Name				Susan E. Cooper		Mother's Birthplace	Ned.
Name of person giving In formation				Frank H. Smith		How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis 10/5	How long	3 days.
Immediate	Congestion of Brain	How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. A. Glantz M.D.	
Address		41 Eastern Ave. Etc.	
Accident or Suicide?			

M Leann Cusley

H Sanders & son

Name in Full		Robert H. Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Highlandtown	County Balto.		MARYLAND	
		Date of death		1905	Month 1	Day 3	Age Years 16	2 Months 18 Days
		Sex		Male		Color or Race		White
		Occupation		Clerk		Birth-place		Balto.
						Where Residing If not at place of death		908 3rd. St.
		Married, Single or Widowed		Single		Name of Wife or Husband		
Father's Name		Robert L. Smith				Father's Birthplace	Md.	
Mother's Maiden Name		Louisa Smith				Mother's Birthplace	Md.	
Name of person giving information		Robert L. Smith				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		<i>Typhoid Fever</i>				<i>4 weeks</i>		
		Immediate				How long		
		<i>collapse</i>						
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		<i>H. W. Schaefer M.D.</i> <i>1013 Canton St.</i>		
Accident or Suicide?				Address				

John Herwig & Son

2008 Orleans St.

Stemmers Run Cemetery

1/6/05

Name
in
Full

Dora M Stifler

CERTIFICATE OF DEATH

MARYLAND

Died at *Towson* Town*Balto* County

Date

of death *1905*

Month

January

Day

25

Age

Years

24

Months

5

Days

28

Sex

*Fem.*Color or
Race*White*Birth-
place*Norrisville Md*

Occupation

*Nurse*Where Residing if not
at place of death*Home Residence 32 - E - 26th St.
Employed at S & E Corp as Nurse*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm H Stifler*Father's
Birthplace*Norrisville Md*Mother's
Maiden Name*Rachel B Gailey*Mother's
Birthplace*Fawn Grove Pa*Name of person giving
In formation*Wm C Stifler*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 Wks

Immediate

*Pharyngeal hemorrhages Probable
perforation about 12 hours before death*

How long

*12 days -*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*E. R. Brunk**S & E Corp Towson Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Louis F. Schaefer

Norrisville

dd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Manor* TownCounty *Baltimore*Date
of death *1905*Month *1*Day *17th*Age *61*

Years

Months

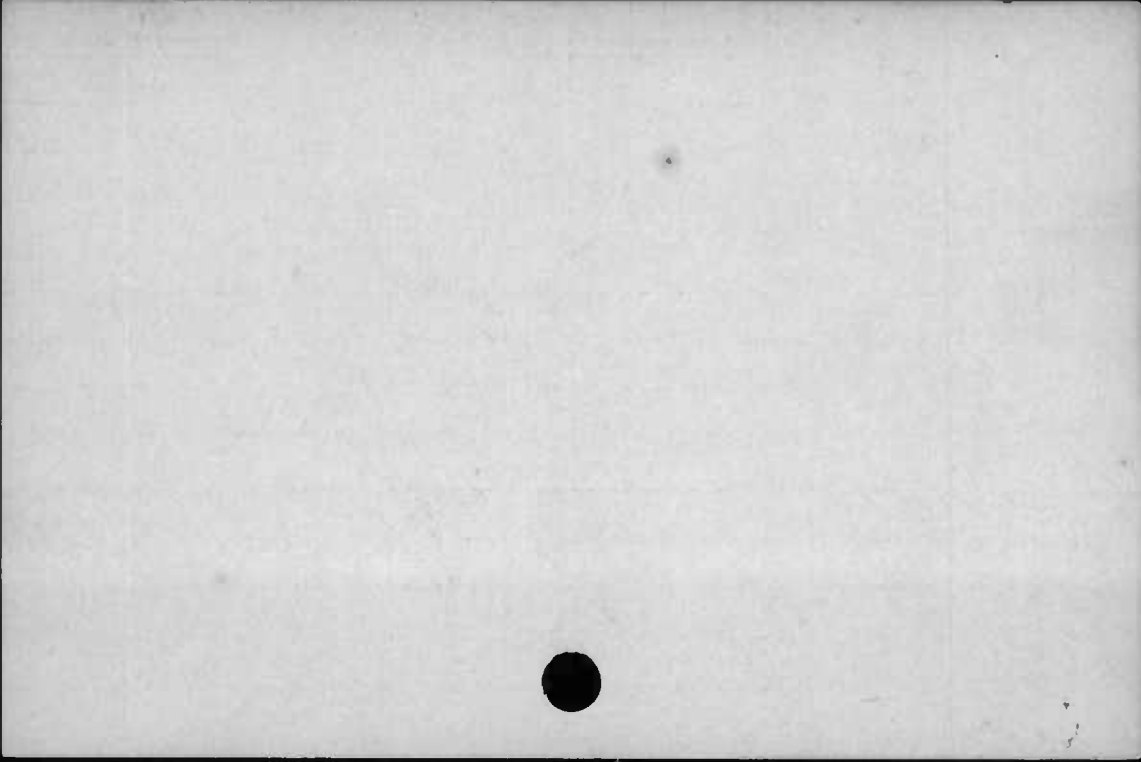
Days

Sex *Male*Color or
Race *White*Birth-
place *Baltimore*Occupation *Shoemaker*Where Residing if not
at place of death *Manor*Married, *Yes*
or WidowedName of Wife or
Husband *Mary Jordan*Father's
Name *John Stine*Father's
Birthplace *Germany*Mother's
Maiden Name *Mary Hoover*Mother's
Birthplace *Germany*Name of person giving
In formation *Mrs Leech*How related
to deceased *Daughter*

CAUSES OF DEATH

Primary *Nephritis*How long *3 m*Immediate *Cardiac Asthenia*How long *8 hours*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *T. Ross Payne*Address *Corbett*Accident or Suicide? *No*PHYSICIAN
OR CORONER

1



Name
in
Full

Robt. Swern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wash Washington</i>		County <i>Balto co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>8</i>	Age <i>57</i>	Months <i>4</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto Ci</i>		
Occupation <i>Painter</i>	Where Residing If not at place of death <i>Wash Washington</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Swern</i>				
Father's Name <i>Geo Swern</i>	Father's Birthplace <i>Balto Co</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Mary Waters</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Geo A. Swern</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy</i>	How long <i>12 hrs</i>
Immediate <i>Exhaustion</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Bateman M.D.</i>
	Address <i>Wash Washington</i>
Accident or Suicide?	<i>No</i>

Wm J Shilling
~~Wm Shilling~~
Druid Ridge Cemetery

Name
in
Full


TALBOTT

CERTIFICATE OF DEATH

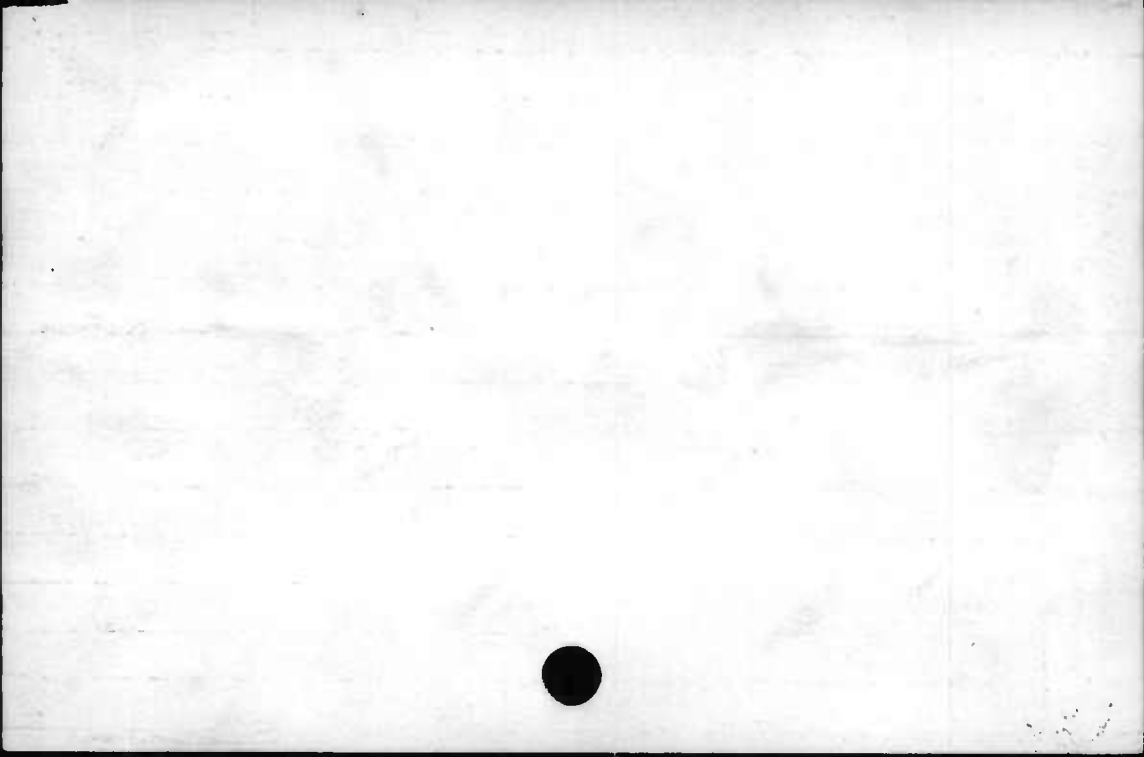
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanphryaville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>W. White</i>		Birth-place <i>Lanphryaville</i> <i>MD</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband		
Father's Name <i>E. Linton Talbott</i>			Father's Birthplace <i>Baltimore</i> <i>MD</i>		
Mother's Maiden Name <i>Grace Wright</i>			Mother's Birthplace <i>Baltimore</i> <i>MD</i>		
Name of person giving information <i>Factor</i>			How related to deceased <i>Factor</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER


Primary <i>asphyxia</i>	How long <i>2nd</i>
Immediate <i>asphyxia</i>	How long <i>2nd</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. E. Benson</i>
	Address <i>Lanphryaville</i> <i>MD</i>
Accident or Suicide? <i>2nd</i>	



Name
in
Full

CERTIFICATE OF DEATH

Sarah H Taylor

Town

County

MARYLAND

Died at Reisterstown

Baltimore

Date

of death

1905

Month

Jan

Day

8

Age

Years

80

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Batts co Md

Occupation

wash woman

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

Perry Taylor

Father's
Name

Nicholas Madden

Father's
Birthplace

Batts co Md

Mother's
Maiden Name

maria Taylor

Mother's
Birthplace

" " "

Name of person giving
information

James Madden

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Central Hemorrhage 64

How long

Suddenly

Immediate

Are the name, age, sex, color, date,
and place correctly given above?Signature of
Physician

J. M. Seader

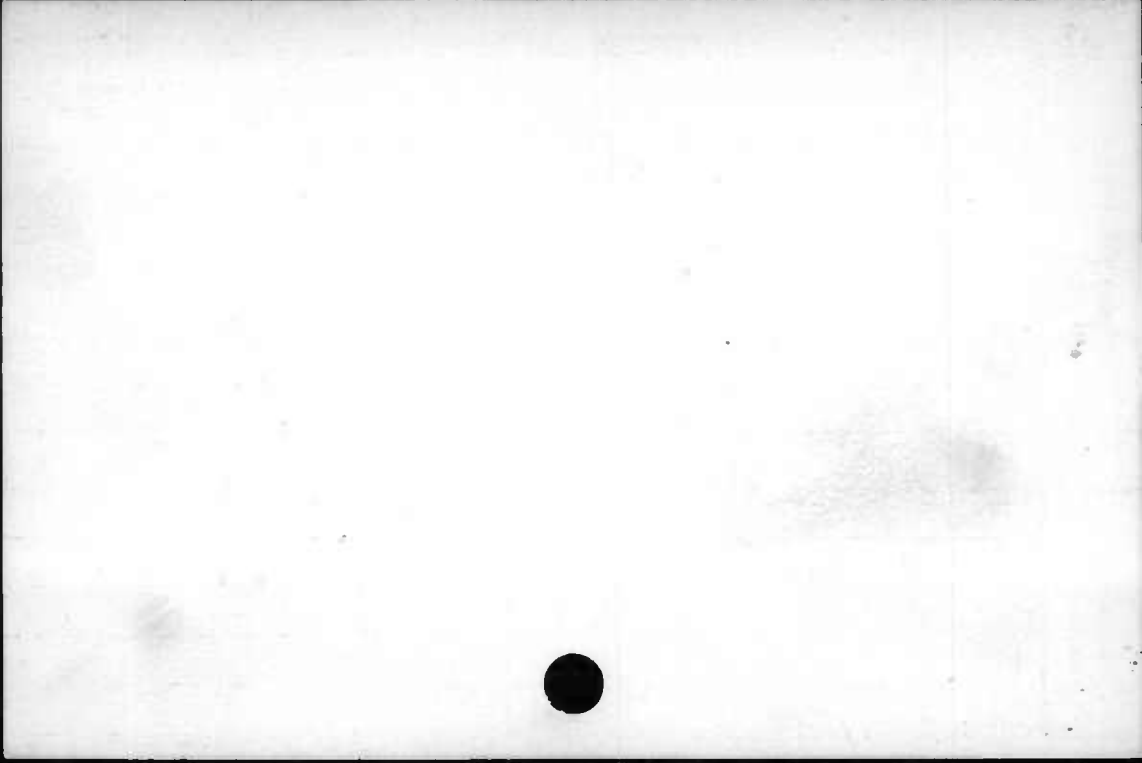
Address

Reisterstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Frederick Senfel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rossville^{County} Bacon

Date of death 1905

Jan

Day 13

Age 74 -

Months -

Days -

Sex male

Color or Race W -

Birth-place Germany

Occupation Farmer

Where Residing if not at place of death -

Married, Single or Widowed Widowed

Name of Wife or Husband -

Father's Name -

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Charles Senfel

How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Influenza

How long 10

Immediate Heart Failure

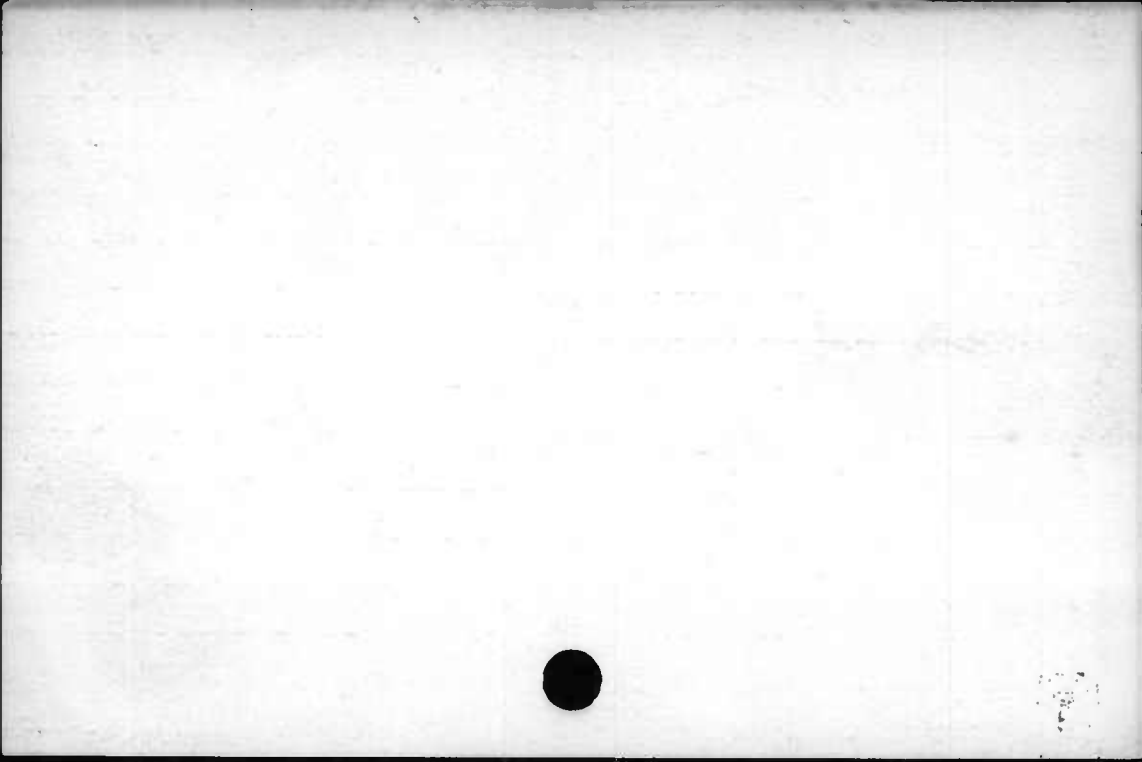
How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. J. Mace

Address Rossville Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Thomas Franklin Thompson

MARYLAND

Died at

Parkton

Town

Baltimore

County

Date

of death 1905

Month

1

Day

25

Age

Years

Months

Days

2 1/2

Sex

Male

Color or
Race

White

Birth-
place

Parkton, Md.

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

James Wilmer Thompson

Father's
Birthplace

Baltimore, Md.

Mother's
Maiden Name

Aunie Virginia Thoms

Mother's
Birthplace

Baltimore, Md.

Name of person giving
In formation

James Wilmer Thompson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

How long within 2 mos
of full term

Immediate

Asphyxia

How long 2 1/2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. C. Mitchell

Address

1870 1/2 W. Mount Airy, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Martha Jane Vance
Town Shupperd P.O. County Balto.

MARYLAND

Died at Date of death 1901-1-15 Age 52 Months 8 Days 4

Sex Female Color or Race White Birth-place Balto. Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Husband Jas H. Vance

Father's Name John Wilson Father's Birthplace Balto. Co

Mother's Maiden Name Mary Patterson Mother's Birthplace Harrod Co

Name of person giving information Carlton Vance How related to deceased Son

CAUSES OF DEATH

Primary La grippe How long 10
Immediate Heart failure How long 6 days
4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. J. Payne
Address Carlett Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER





Name
in
Full

Elizabeth Alberta Wachter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>January</i> ^{Month}	<i>12</i> ^{Day}	Age <i>2</i> ^{Years}	<i>4</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>W Arlington</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles S Wachter</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ivy V Derr</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>Charles S Wachter</i>			How related to deceased <i>Father</i>		

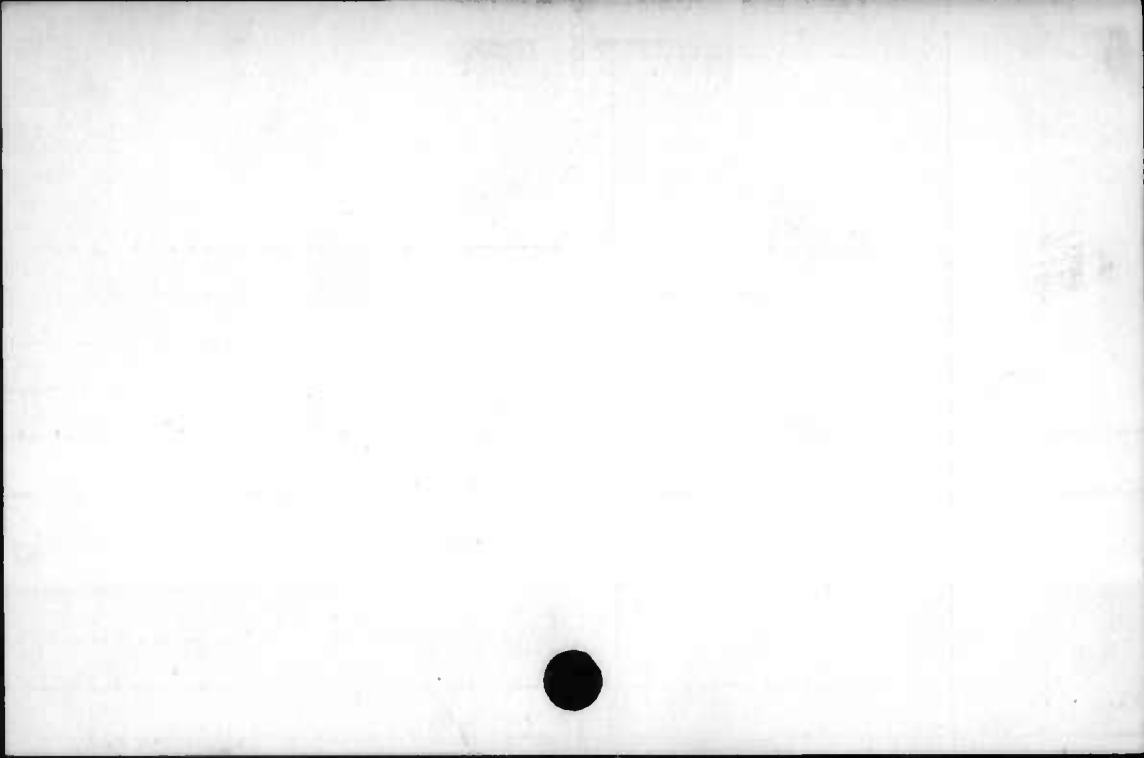
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism. Tonsillitis</i>	How long <i>12 days.</i>
Immediate <i>Endocarditis & Meningitis</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wobers</i>
	Address <i>Arlington Md.</i>
Accident or Suicide?	

Please grant Permit to
Ship Remains to
Thermont-Fredrick Co MA
for interment
Stewart & Mourn

Name in Full		Still born infant				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sparrows Point</i>		Town <i>Baltimore</i>		County		MARYLAND
	Date of death <i>1905</i>	Month <i>Jan.</i>	Day <i>29th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Female</i>		Color <i>White</i>		Race <i>White</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>" "</i>				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Henry A Wagner</i>		Father's Birthplace <i>Minnesota</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Bertha Abel</i>		Mother's Birthplace <i>Minnesota</i>				
	Name of person giving Information <i>Henry A Wagner</i>		How related to deceased <i>father</i>				
	CAUSES OF DEATH						
	Primary <i>still born infant</i>		How long <i>—</i>				
Immediate <i>—</i>		How long <i>—</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. C. McCormick M.D.</i>					
		Address <i>Sparrows Point M.D.</i>					
Accident or Suicide? <i>—</i>							



Name
In Full

Samuel E. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>White Hall</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	5	Month	1	Day	12	Age	Years 46
Sex		Male		Color or Race		White	
Married, Single or Widowed		Single		Occupation		Custom House Employee	
Name of Wife or Husband							
Father's Name				John Wilson			
Mother's Maiden Name				Mary Patterson			
Name of person giving information				Clarence E. Wilson			
Father's Birthplace				Baile Co.			
Mother's Birthplace				Baile Co.			
How related to deceased				Nephew			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Melancholia</i>	How long	<i>Five months</i>
Immediate	<i>Paralysis & Convulsions</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>A. P. Witches</i>	
Address		<i>Monkton, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

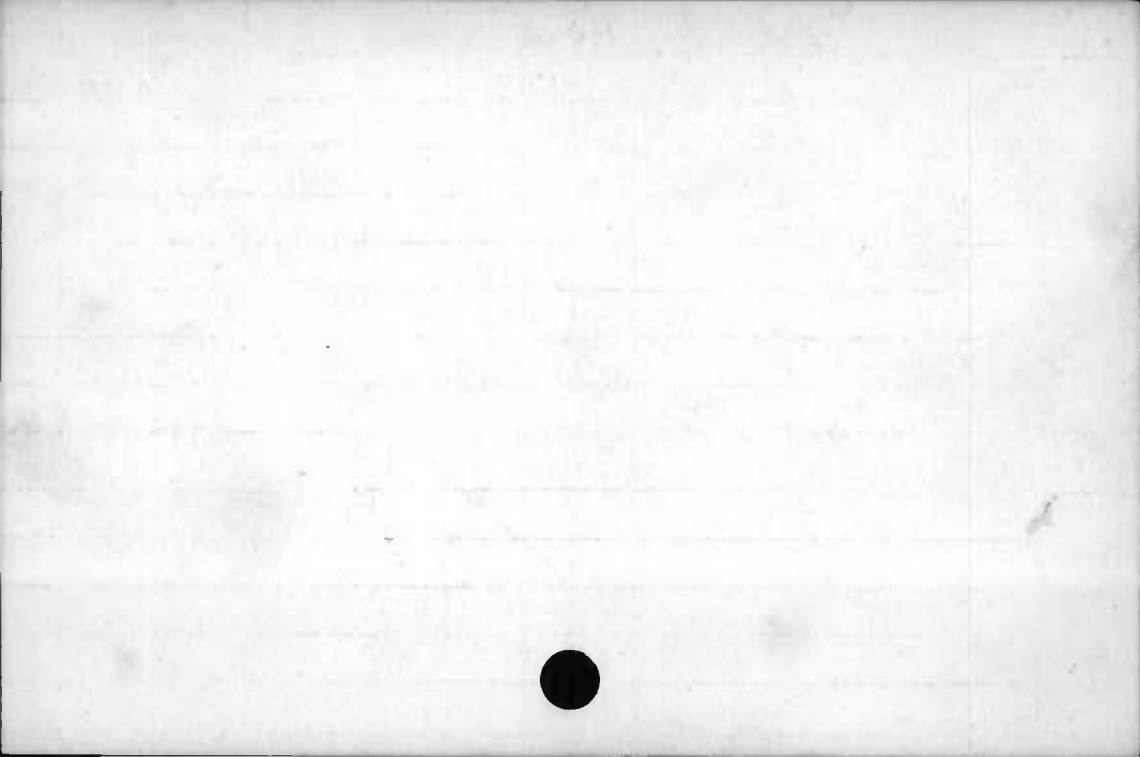
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore, Co.</i>		County		MARYLAND					
Date of death	1905	Month	Jan.	Day	12	Age	Years	Months	6	Days	
Sex	Male		Color or Race	White		Birth-place	Baltimore, Md.				
Occupation	None				Where Residing if not at place of death						
Married, Single or Widowed			Name of Wife or Husband								
Father's Name			William Thomas						Father's Birthplace		
Mother's Maiden Name			Lizzie Young						Mother's Birthplace		
Name of person giving information									How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary	<i>Premature Birth</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. T. Mura M.D.	
		Address	St. Agnes Hospital	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

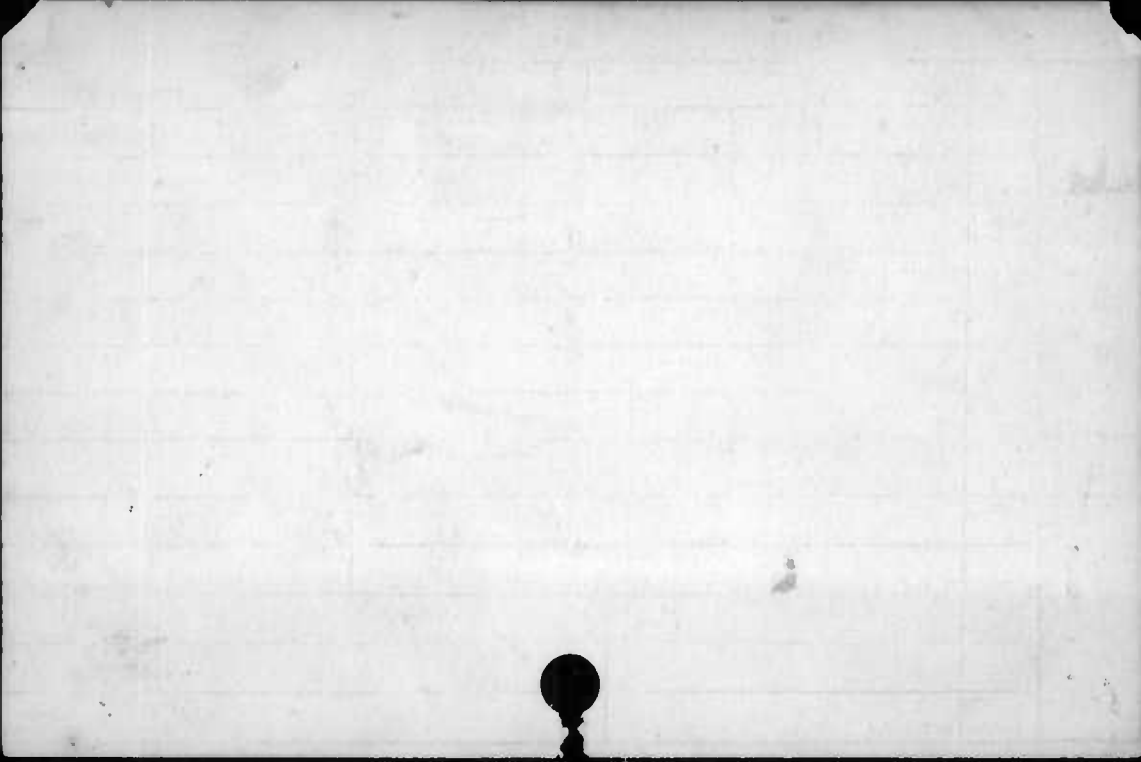
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thuppard</i> Town <i>Balti</i> County		MARYLAND	
Date of death 190 <i>5</i> - <i>1</i> Month <i>1</i> Day <i>27</i> Age <i>41</i> Years Months Days			
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balti</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Stalter Jepp</i>			
Father's Name <i>James Carroll</i>		Father's Birthplace <i>Balti</i>	
Mother's Maiden Name <i>Sarah C. Carroll</i>		Mother's Birthplace <i>Balti</i>	
Name of person giving information <i>Stalter Jepp</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>15 days</i>
Immediate <i>Convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Payne M.D.</i>
<i>Yes</i>	Address <i>Corbett M.D.</i>
Accident or Suicide?	



Name
in
Full

Zimmerer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nessey P.G.</i>		Town <i>P.G.</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>1</i>	Years	Months	Days	
Sex <i>Male</i>	Color of Race <i>White</i>		Birth-place <i>The above</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John Zimmerer</i>			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Severe Burn (Scalds)</i>	How long <i>about 3 days</i>
Immediate <i>Spasm</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ringard Stohiteford</i>
	Address <i>Fullerton, Md.</i>
Accident or Suicide? <i>Accident</i>	

St Joseph